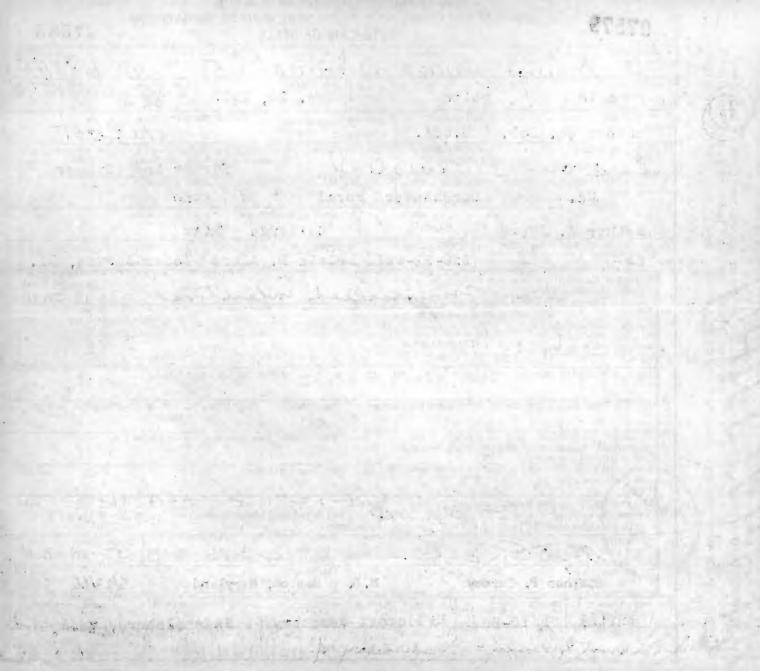
MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07579 37583 CERTIFICATE OF DEATH DECEASED-NAME Middle First Lost 20. DATE OF DEATH depth (Type or print) Month 3. SFX DATE OF BIRTH 6. AGE (In years SE LINDER I YEAR white lost birthday) male Dec. 26. I905 MONTHS DAYS HOURS hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) Suspex Ço. Del. U.S.A. hin 72 WIDOWED F DIVORCED | 24 campletely filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done requires that the death certificate be executed within 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY remave carban ar remaval, and in any event, wit farmer and plummer 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 134 INSIDE CITY HARTS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY Dorchester YES NOrural none 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Gertrude Arthur A. Adams Whi te attending physician of sermit. Then please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no or unknown) Federalsburg. Md. 220-32-9813 Melvin L. Adams APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: Dry 45 IMMEDIATE CAUSE (a) burial-transit pern burial, cremation, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) rise to immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couser PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) (fter this certificate has been be detached for use as the State Dept. of Health prior to 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO -21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote FUNERAL DIRECTOR: After this While Not while at work 220. I certify that (I) (this hospital) attended the deceased from 1 22, 1965, to 5 24, 1965, that (I) sow the deceased olive on 5-10 \_1960, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED. DIRECTOR director, page 3 DEGREE 22d, PHYSICIAN'S 22e. ADDRESS NAME (TYPStephen P. Carney 5/13/68 M. D. Easton, Maryland 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Hillcrest Cemetery I3-68 Federal shure 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE her producted 30M REV. W68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 7585 CERTIFICATE OF DEATH DECEASED-NAME Middle 2g. DATE OF DEATH First er death requires that the death certificate be executed within 24 hours after death (Type or print) Month the funerol NELSON 1 H 1777 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR 3. SEX 6. AGE (In years and completely filled in by the t lost birthday) DAYS HOURS MONTHS SEPT. 28, 1908 WHITE MALE YRS buriol-tronsit permit. Then pleose remove carbon papers. Pag buriol, cremotion, or removal, ond in any event, within 72 haurs 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED USA Maryland WIDOWED [ DIVORCED [ 10. CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.)
Truck Driver Poultry physician and completely f en pleose remove carbon ospital Memorial Easton 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES NO Z RFD #2, Box 503 Md. Talbot Easton 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Faulkner Sidney Lula Bedsworth R. 16b. SOCIAL SECURITY NO. 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, na, or unknown) E. Frances Bedsworth, Easton, Md., RFD #2 212-03-0678 1B. CAUSE OF DEATH (Enter only one cause per line fail (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-tronsit p Canditians, if any, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health prior to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔽 NO F Page 4 may be retained by the hospital or 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) HOUR A.M. Month Day Year P.M. 21d. INJURY OCCURRED ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21e. PLACE OF INJURY City or Town County State White Not while at work 220. I certify that (I) (this haspital) attended the deceased from... and that in (my) (aur) apinion deoth occurred on the date and hour and from the sow the deceased olive on... causes stoted obove (I) (we) (did) (did not) view the above after neath 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE (State) 23a. BURIAL, CREMATION (County) REMOVAL (Specify) May 13,1968 Silverbrook Crematory Wilmington, Delaware 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 30M REV, 1/68 Munico Federals burg. Mc Funeral

MAKTLAND STATE DEPAKTMENT OF HEALTH

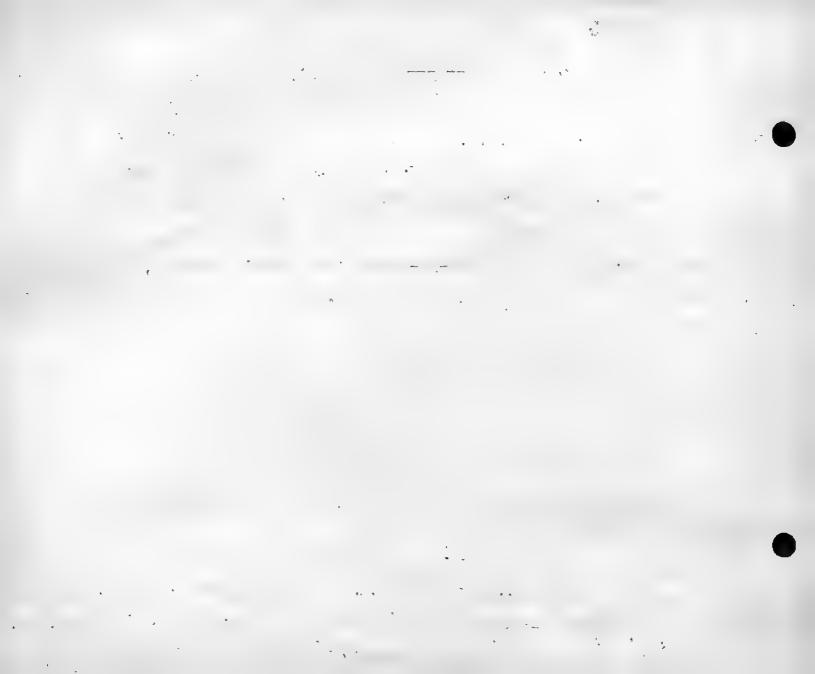
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item#5, FilmGh01 6/21/69km CERTIFICATE OF DEATH DECEASED-NAME First 20 DATE OF DEATH requires that the death certificate be executed within 24 haurs after death. after death (Type or print) KIMBERLY VERNISE 3. SEX 4. RACE 6. AGE (In years m by the roors /2/840 1968 lost birthdoy) MONTHS HOURS FEMALE **NEGRO** and in any event, within 72 hours 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED [7] NEVER MARRIED [30] country) Talbot. WIDOWED [7] DIVORCED I Maryland USA the attending physician and campletely filled sit permit. Then please remave carbon pape 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 126, KIND OF BUSINESS OR gve street oddress)
Memorial Hospital during mast of warking life, even if retired) INDUSTRY lease remave carbon None Easton 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before/ 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admission\ STATE 13b. COUNTY Federalsburg YES X Md. Caroline NO 🗌 306 Smith Street 14 FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Malloy Hervie Beatrice Briggs 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, at yoknown) None Mrs. Beatrice Briggs, Federalsburg, Md. burial, crematian, or remayal, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) )
PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) DURS permit. signed by the burial-transit p Canditions, if any, which gave ) rise to immediate couse (a). DUE TO, OR AS A CONSE stating the underlying couser CLAMPSIA PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **IO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health priar to 90. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🚘 NO [ 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, natify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while of wark 22a. I certify that () (this haspital) attended the deceased from 1900, and that in (my) (aur) apinian death accurred on the date and haur and from the saw the deceased alive an\_ causes stated abave. (1) (we) (did) (did not) view the bady after death. 22b. SIGNATION 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR 22d PHYSICIAN'S 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 23a. BURIAL, CREMATION, (County) REMOVAL (Specify) May 10, 1968 Federal Hill Cemeterv Federalsburg, Maryland 24. FUNERAL DIRECTOR 30M REV. 1/68

MAKILAND SIAIE DEPAKIMENI UZ MEALIM



| _  |                        | MARTLAND STATE DEPARTMENT OF HEALTH  |   |
|--|------------------------|--|---|
| / 1  |                        | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  | e y 5   |
|  |                        | CERTIFICATE OF DEATH   |   |
| de of the other  |                        | DECEASED NAME (Type or print) ERNEST Ira   | ear 2b. HOUR M                                |
| # 3 # B  | 3. SE                  | SEX A. RACE S. DATE OF BIRTH OF A PROPERTY OF MONTHS  SEX A. RACE  White  S. DATE OF BIRTH OF A PROPERTY OF MONTHS  OF A PROPERTY OF A PROPERT | YEAR IF UNCED 24 HRS OAYS HOURS MIN           |
| Si Jago  | 70. f                  | BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARDIED 9. COUNTY OF DEATH  |   |
| 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2  |                        | Maryland U.S.A. WIDOWED DIVORCED TA/60+  | Md.   |
| within sly fille say fille soan po within  | 10. 0                  | CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital  12a. USUAL OCCUPATION (Kind of work done give street address)  12b. K  12c. USUAL OCCUPATION (Kind of work done during most of working life eyen if retired)  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life eyen if retired)  12b. K  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life eyen if retired)  | IND OF BUSINESS OR<br>STRY                    |
| PHYSICIAN: The law requires that the death certificate be executed within 24 e haspital ar attending physician. This certificate has been signed by the attending physician and campletely filled stacked far use as the burial-transit permit. Then please remave carban pap Dept. af Health priar ta burial, cremation, or removal, and in any event, within 7 | 13a.<br>ad <b>i</b> na | USJA. RESIDENCE (Where deceased lived, if institution: Residence before Ridgely PES NO None  |   |
| exe<br>ema<br>any  | 14. [                  | . FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle  | Last  |
| be be an all se r  |                        | Rubin Buckle ? Cannon  |   |
| ertificate be<br>physician a<br>ten please<br>toval, and ir  | 160.<br>Y              | io. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. N. Sknown) (If yes give war at delas of service)  220-34-9223   Pearl Buckle Ridgely, Mary]   | and   |
| certi<br>g pł<br>Then<br>nov   |                        |  | APPROXIMATE INTERVAL<br>TWEEN ONSET AND DEATH |
| equires that the death ce<br>physician.<br>signed by the attending<br>burial-transit permit. The<br>burial, cremation, or rem  |                        | PART I DEATH WAS CAUSED BY.  | 11 marth                                      |
| affer<br>affer<br>an, o  |                        | 2041 DUE TO, OR AS A CONSEQUENCE OF  |   |
| t the sit p  |                        | Conditions, if any, which gave rise to immediate cause (a).  |   |
| tha<br>an.<br>by<br>tran<br>cren   |                        | stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF  |   |
| ysici<br>ysici<br>ned<br>rial-   |                        | last (t)   |   |
| The law requires th attending physician has been signed by se as the burial-trait priar ta burial, cre   |                        | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  |   |
| law<br>ndin<br>beel<br>s th  | MOLL                   | 196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERE  | D IN CERTIFYING                               |
| : The law r<br>ir attending<br>e has been<br>use as the<br>Alth priar ta   | CEMMERCATION           | YES NO CAUSES OF DEATH?  |   |
| AN:<br>al ar<br>icate<br>far u<br>Healt  | T CE                   | The same of the of the control of th |   |
| IVSICIAN:<br>haspital ar<br>certificate<br>iched far u   | MFD CA                 | (If either, notify medical examiner) P.M. 19   |   |
| Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health priar ta  | M                      | 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While of work of work   | State   |
| by 1<br>frer<br>be 3   |                        | 22a. I certify that (1) (this hospital) attended the deceased from 1967, to 3mg 28, 1968,  | that (I) (we) last                            |
| OR ATTENDIN be retained by JIRECTOR: Afte je 3 should be ed with the Sta   |                        | saw the deceased alive an  | hour and fram the                             |
| ECTC<br>S showith  |                        | 22b. SIGNATURE ATTENDING MED. STAFF 22c DATE SIGN  | NED CONTRACTOR                                |
| ed Sed   |                        | DEGREE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22e, ADDRESS  | 9-68  |
| TO HOSPITAL OR Page 4 may be r TO FUNERAL DIRE director, page 3 shauld be filed v  |                        | NAME (Type) Stephen P. Carney M. D. Easton, Maryland 21601 5/29/   | 68  |
| HOS<br>ge 4<br>FUNI<br>recto   | 230                    | O BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Count  | y) (Stote)                                    |
| 22 2 3 4   | L                      | REMOVAL (Specify) 1 5-31-68 Greensboro Greensboro Carol  | ine, Md.                                      |
| 30M RV 88  | 24 /                   | AFUNERAL DIRECTOR  ADDRESS  AD | fredge.                                       |
|  | -                      |  |   |



| ]  | 1         | m. maa DIV  | ISION OF VITA  |                           |                                      |                    | ARIMENT OF<br>JISTREET RAIT |                              | AARYI                                   | NN 21201                              |                                    |            |              |          |
|--|-----------|---|--|---------------------------|--------------------------------------|--------------------|-----------------------------|------------------------------|---|---------------------------------------|------------------------------------|------------|--------------|----------|
| FOR STATE  |           | 26792   |  |                           | -                                    |                    | RTIFICATE                   |                              |   | 1110 21201                            |                                    |            | Appeni       | 3        |
| HEALTH DEPT.   |           | ECEASED-NAME  | First  | DICAL                     | Middle                               | 13 (1              | Lost                        | OI DE                        |   | 20. DATE KNO                          | WNX Month                          | Doy        | Year         | 2b. HOUR |
|  | (         | Type or Print) GO                                     | LDUE   |                           | MEEKIN                               | S                  | CARTE                       | R                            |   | OF ES                                 | II. —                              | 30         | 168          | 8:15     |
| Po Po  | 3 5       |   | S. DATE O  | F BIRTH                   | 6 AGE                                | (In years          | IF LNDER I YEAR             | IF UNDER 2                   |   | 2c DATE PRON                          | IOUNCED DEAD                       |            |              | 2d HOUR  |
| and and del  |           | FW  |  | . 28,                     | 1895                                 | oirhiday]<br>3 YRS | MONTHS OATS                 | HOURS                        | MIN.                                    | Month                                 | Doy                                | Yeo        | 19           | M        |
|  |           | BIRTHPLACE (State or foreign<br>try) Maryland         | 76 CITIZEN O<br>USA                                    |                           | OUNTRY?                              |                    | RRIED NEVER MA              | RRIED                        |   | ITY OF DEATH                          |                                    |            |              | Md       |
| Start Feeth  | 10 (      | ITY OR TOWN OF DEATH EASTON                           |  | 11. NAME (<br>) ve street | OF HOSPITAL OR IN  gddress)  MEMORIA | STITUTION<br>L HC  | (If not in hospital         | t2o. US<br>during            | MAL OCC                                 | UPATION (Kind<br>working We<br>SCWIIC | d of work done<br>even if retired) | 12b KiN    | D OF BUSIN   | IESS OR  |
| haurs after death Item 18. Give Page Office alang with 1 and 2 with the Sta  | 13a       | USUAL RESIDENCE (Where dmission) STATE Ohio           | deceased lived, if i                                   | nstitutian                | Residence beføre                     | 13c CITY           | or Town III                 | 3d. INSIDE CITY L            |   | 13e STREET AN 3323 1                  | od Number<br>East 6t1              |            |              |          |
| 4 havra<br>1 Item<br>5 Office<br>1 Jand 2  | 14. F     | ATHERS NAME First Same                                |  | liddle                    | Meekin                               | 3                  | IS MOTHER S MA              |                              | Frst<br>Lver                            | ta                                    | Middle                             | Se         | lest<br>ward |          |
| I within 24 in pencil in Examiner's Examiner's File pages in 72 hours  |           | WAS DECEASED EVER IN U.S. A<br>es, na, or unknown) (# | RMED FORCES?<br>yes give war or dates of ser           |                           | SOCIAL SECURITY NO                   |                    | 7. INFORMANT<br>LeCompte    | Fune                         | rel                                     | Service                               | ADDRESS<br>Precor                  | 33         |              |          |
| This certificate shauld be executed within 24 haurs cate, writing the ward "pending" in pencil in Item I be farwarded to the Chief Medical Examiner's Office be used as a burial-transit permit. File pages 1 and 2 in remayal, and in any event within 72 haurs after a |           | 18 CAUSE OF DEATH (EMPART I DEATH WAS                 | ter anly one cause<br>CAUSED BY:<br>IMEDIATE CAUSE (a) | 11                        | r (0), (b), ond (c).)                | ? (                | 017/05/1                    | on9,                         | /2                                      | 0 443                                 | +10175                             |            | PPROXIMATE I | NO CEATH |
| be execute "pending" nief Medical ansit permit   |           | Conditions, if ony, which o                           | jove ) (L)   | OP AS A                   | CONSEQUENCE OF                       | his                | 5/075 8                     | Loca                         |   | VX25                                  |                                    |            |              |          |
| ate shauld be executed g the ward "pending" is ed ta the Chief Medical s a burial-transit permit.  |           | rise to immediate couse stating the underlying colors | [9], [   | ), OR AS A                | CONSEQUENCE OF                       |                    |                             | 1                            |   |                                       |                                    |            |              |          |
| e sh<br>the<br>ta t  |           | PART 2. OTHER SIGNIFICANT                             | CONDITIONS CONTR                                       | IBUTING T                 | O DEATH BUT NOT                      | RELATED            | TO THE TERMINAL C           | DISEASE OR CO                | OND T ON                                | GIVEN IN PAR                          | RT 1(a)                            |            |              |          |
| ficate<br>ing th<br>ided t<br>ided t<br>as a<br>l, and   | _         | 8164  |  |                           |                                      | 7,420              | TO PAGE TO STATE OF         | TISENSE OR C                 | 0.40 1 01                               | , origin in the                       |                                    |            |              |          |
| his certific<br>ate, writin<br>ie farward<br>be used as  | HE CAT.ON | 190 DATE OF OPERATION                                 |  | 19b                       | CONDITION FOR W<br>WAS PERFORMED?    | H CH OPE           | RATION                      |                              |   |                                       |                                    | 20.        | AUTOPSY?     | NO 📑     |
|  | CERTIF    | 210 EXTERNAL CAUSE WAS                                | 21b TIM  | LE OF NJUI                | RY Manth, Day, Year                  | 72                 | 1c. HOW INJURY OF           |                              |   |                                       |                                    |            |              |          |
| (AMINER: 1 te the certific te 4 shauld be your files. age 3 shauld cremation, and  | MEDICAL   | PRIMARY OR CONTRIBUTED                                | 644°   | ) BAMME                   | ay 30 196                            | 8                  | Pass in                     |                              | in 2                                    |                                       |                                    | .on        |              |          |
| MIN<br>the<br>4 sh<br>4 sh<br>ur fil<br>e 3  | ME        | 2 ad INSURY OCCURRED                                  | 21e. PLACE OF INJU<br>factory, affice b                | uldina, etc               | ( )                                  | 2                  | It LOCATION Street          |                              |   | City or To                            |                                    | County     |              | Stote    |
| EXAM<br>ute th<br>uge 4<br>your<br>Page<br>, crem  |           | AT WORK AT WORK                                       | highway  | 7 7                       | <del>750</del>                       |                    | Route                       |                              | at                                      | Easto                                 |                                    | albo       |              | Md       |
| SICAL EXAMINER: use execute the cert ector Page 4 should ined for your files. ECTOR: Page 3 should a burial, cremation,  |           | 22a. I certify th                                     |  |                           |                                      |                    |                             |                              | ,                                       |                                       | Inquiry [                          |            | id in my     | opinion  |
| please edirector   |           | death resulted fro                                    | im: Natural  | couses                    | , Accident                           | X,                 | Suicide,                    |                              | *************************************** | _                                     | nined manne                        |            |              |          |
| plec<br>dir<br>reto<br>DI DI   |           | ACTUAL X  | Cuis /   | YWL                       | tu                                   |                    |                             | ef medical i<br>Istant medic |   |                                       | 22b. DA1                           | E SIGNED   |              |          |
| sssory, F<br>funeral<br>ay be n<br>NERAL   |           | SIGNATURE   | 044-7-7-0  | 100                       | 1                                    |                    | for DEF                     |                              |   |                                       |                                    | May        | 196          | 8        |
| TO DEPUTY CASE  necessary, please the funeral director 5 may be retained TO FUNERAL DIREC Health prior ta b  |           | NAME (Type)   | Louis S.   | Welt                      | ty MD                                |                    |                             |                              |   | n, or county)                         |                                    |            |              |          |
| TO D<br>TO FU  | 230.      | BURIAL (REMATION,<br>REMOVAL (Specify)                | 23b DATE Jun3, 19                                      | 968                       |                                      |                    | or crematory Cemetery       |                              |   | LOCATION (GI)                         | dge, Ma                            | (County)   | ,            | rte)     |
| Ctb  | 24        | FUNERAL DIRECTOR  eCompte Fune                        | mal Came   | 00                        | ADDRE                                | SS                 | [arv]and                    | 2Sa RECD                     | BY REG                                  | 3 1968                                | 25b RECOVAR                        | S SIDNATUI | Jeegly       | 4        |
| VR A15ME (1)   | 1         | ecombra 1 mie   | rar berv.  | 100,                      | Odum Tag                             | ند و سم            | ros y metanic               | DATE JU                      | 14                                      | J WOO                                 |                                    | 6          | 1 0          |          |

|  |               | 06287  | DIVISION OF VITAL RECORDS   | , 301 W. PRESTON STRE<br>CERTIFICATE OF D |  | E, MARYLAND 21201                          | 5.032   |
|--|---------------|--|---|---|--|--|---|
| death.   |               | ECEASED-NAME (Type or print) Chau  | A   | Crle                                      | 20. 1  | DATE OF DEATH<br>Month                     | Day Year 2b HOUR 22 M                                 |
| PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death, is certificate as the split of or otherwise the standing physicion and campletely filled in by the furboal, stacked for use as the buriol-transit permit. Then please remove carbon papers. Pages only 2 Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.  | 3. 5          | male   | 4 RACE White  | S DATE OF BIRT                            | 12-76  | 6. AGE (in years last humbely)             | IF UNDER 1 YEAR IF JNDE 24 HRS. MONTHS DAYS HOURS MIN |
| 24 hour<br>d in by<br>pers. P  | 70.<br>cou    | BIRTHPLACE (State or foreign party Delaware  | 7b. CITIZEN OF WHAT COUNTRY? U.S.A.                                   | 8. MARRIED NEVER MARRIED WIDOWED DIVORCE  | LV   | NTY OF DEATH                               | 607 Md.   |
| and completely filled in remove carbon papers.   |               | TITY OR TOWN OF DEATH  | give street address)  | NSTITUTION (If not in haspital            |  | PATION (Kind of work do                    |   |
| cuted vamplete   | :3a.<br>adm   | LSUAL RESIDENCE (Where deceases was mary) and  | 13b COUNTCAPOLINE   | Ridgely 13c                               | INSIDE CITY LAW TS?                          | None                                       |   |
| ate be exercion and coleose remo   |               | James Col  |   |   | oach   | Middle                                     | Last  |
| ertificate bu<br>physicion c<br>nen pleose<br>ioval, ond ii  | 160           | WAS DECEASED EVER IN U.S. ARA<br>(es, no TO Chinawn) (If yes give w                                | MED FORCES? Nor or dates of service)  16b SOCIAL SECURITY 20-52-7     |   | Cole Ri                                      | dgely, Ma:                                 | ryland  |
| that the death certific<br>on.<br>by the attending physi<br>tronsit permit. Then p<br>cremation, or removal,   |               | PART I DEATH WAS CAUSEI  | lly ane cause per line far (a), (b), and (a<br>D BY:<br>ATE CAUSE (a) |   | umoy   | via  | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH          |
| the de he atte it permation, a   |               | 485 X<br>Canditions, if any, which gave)   | DUE TO, OR AS A CONSEQUENCE O   |   |  |  |   |
| physicion. signed by the attending buriol-transit permit. The burial, cremation, or rem  |               | rise to immediate cause (a), stating the underlying cause last.                                    | DUE TO, OR AS A CONSEQUENCE O   | F   |  |  |   |
| requires ng physici signed en signed en buriol-to buriol-to buriol, to buriol,   | _             | PART 2 OTHER SIGNIFICANT CON   | NOTIONS CONTRIBUTING TO DEATH BUT                                     | NOT RELATED TO THE TERMINAL C             | DISEASE OR CONDITIO                          | ON GIVEN IN PART 1(0)                      |   |
| ICIAN: The fow requires the pital or ottending physicion. Trificote has been signed by d for use os the buriol-trought Health prior to burial, cre   | CERTIFICAT.ON | 19a. DATE OF OPERATION 19b.  | CONDITION FOR WHICH OPERATION WAS F                                   | ERFORMED 20a. AUTOPS                      | Y?<br>NO [X]                                 | 20b. IF YES, WERE FINDING CAUSES OF DEATH? | S CONSIDERED IN CERTIFYING                            |
| CIAN:<br>ital or<br>ifficote<br>for us<br>of Health  | MEDICAL CER   | 21a. ACCIDENT WAS UNDERLYIN  or contributing cause of deal (If either, notify medical examination) | TH HOUR A.M Manth Day Yea   | 21c. HOW INJURY OCCUR                     |  | af injury in Part 1 or Part                | 2, Item 18.)  |
| JING PHYSI by the hosp fifer this cer be detachec  | MÉT           | 21d INJURY OCCURRED 21e. While Not while at work at work   | PLACE OF INJURY ( AT HOME, FARM STREET F<br>OFFICE BUILDING, FTC.     | ACTORY.) 21f. LOCATION Street of          | or R.F.D. Na.                                | City or Town                               | Caunty State  |
| O HOSPITAL OR ATTENDING PHYSICIAN: The low range 4 may be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the standard of the standar |               | 22a I certify that (1) (the saw the deceased a   | is hospital) attended the deceo<br>live on                            | sed from 5-10                             | , 19 <u>6</u> <u>\$_,</u><br>(our) opinion d | to,<br>eath accurred on the                | 1965, that (h (we) lost date and haur and from the    |
| OR ATTENIO<br>OR ATTENIO<br>De retained<br>MIRECTOR: A<br>S should<br>ad with the  | ı             | 22b. SIGNATURE   |   | ATTENDING                                 |  | 2  | 2c. DATE SIGNED 5 - 15 - 68                           |
| ITAL O<br>moy be<br>RAL DII<br>Poge<br>be filed  |               | 22d. PHYSICIAN S   | W. Trever, M.1  | 22e. ADDRE                                |  |  | 3-13-06   |
| O HOSPITAL OF<br>Page 4 may be<br>O FUNERAL DIR<br>Should be filed   | 23a           | 11000  |   | CEMETERY OR CREMATORY                     |  | LOCATION (City or Town)                    | (Caunty) (State)                                      |
| VR A15 [4]<br>30M REV 1/68   |               | FUNERAL DIRECTOR   | O , ADDRES  | 5 ) 2                                     | So. REC'D BY REGIS                           | TRAR 256 REGISTRA                          | RESSIGNATURE Judge                                    |
|  | 尸             | NIVIL - OCO-L  | MA WWW.M  | export //                                 | WIE ALS                                      | 2 (1 1000 "                                |   |

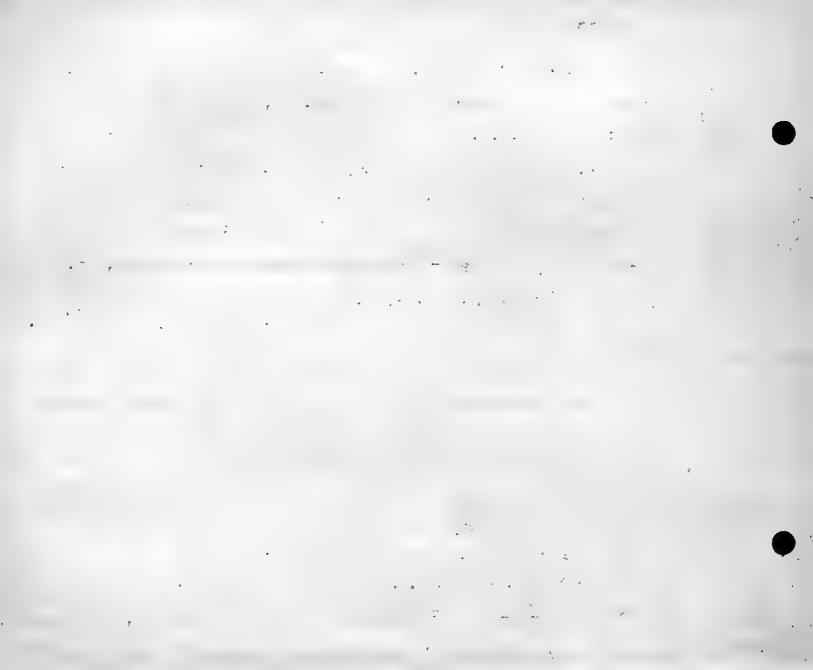
MARYLAND STATE DEPARTMENT OF HEALTH

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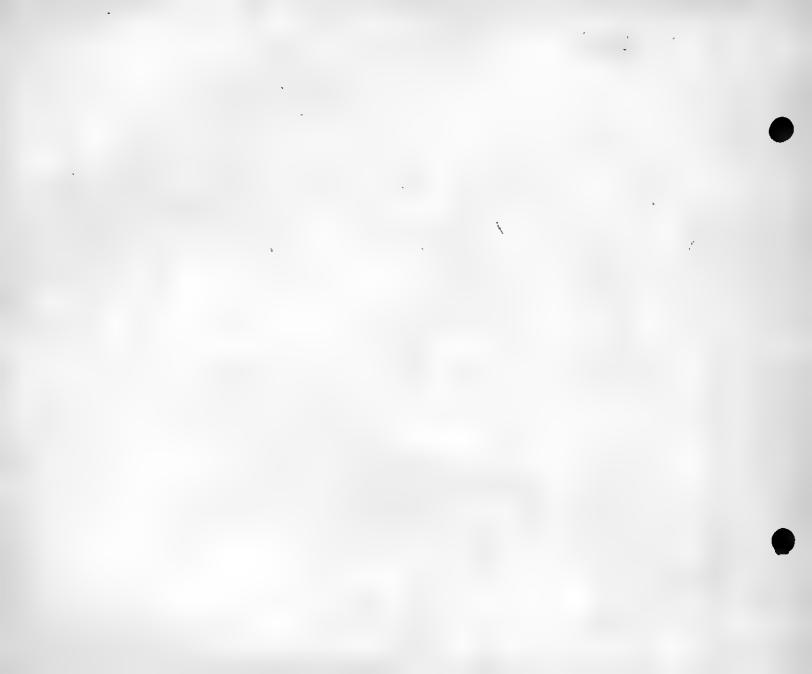
|   | 1             | MARTLAND STATE DEPARTMENT OF HEALTH  |
|---|---------------|--|
| 7   |               | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  |
|   |               | Item#5.Film#GhO1 5/31/68km CERTIFICATE OF DEATH  |
| ₹ <i>F</i> Z ₹  |               | ECEASED-NAME First Middle Lost 20 DATE OF DEATH 2b HOUR  |
| r death.  | 1             | Type or print) Lucinda A. Copper Month Day Year 12 AN  |
| 15 2  | 3. 5          | Level high days  |
| to # 100  | L             | Female Negro BHILGHAS 42 YRS MONTHS DATS MODES MAN.  |
|   | 7o            | BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED 79. COUNTY OF DEATH  |
| 4 = 2   | Cou           | MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED MARRIED NEVER MARRIED  |
| completely filled aven, workin  | . 14          | (ITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired)  120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  121 NAME OF HOSPITAL OR INSTITUTION (If not in hospital or life)  122 USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  |
| 章 圣章  | 1             | TAS I AND I MORE MORE NORE   |
| de de de  | 130           | USUAL RESIDENCE (Where deceosed lived, if institution, Residence before, 13c CITY OR TOWN 13d INS.DE CITY LIMITS? 13e STREET AND NUMBER  |
| amp amp   | odin          | maryland 13b COUNTY Talbot Easton YESK NO Easton Point Easton, Md.   |
| axecuted and cample remays con  | 14.           | FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost  |
| be<br>n ar<br>din din   |               | Charles Hawkins Rosie Warrick  |
| are an are  | 160           | WAS DECEASED EVER IN U.S. ARMED FORCES?  Yespan or unknown) (If yes give war or dotes of service)  13 16 8497 Lewis Copper Factor Markland   |
| ohys  |               | Yeshnorunknown) ("Fyes give wor or dotes of service) 213 16 8497 Lewis Copper Easton, Maryland   |
| equires that the death certificate be physician. Signed by the attending physician and Jurial-transit permit. Then pleas remburial, cremation, ar removal, and in an  |               | 18. CAUSE OF DEATH (Enter only one couse per line for (g). (b) and (c).)  BETWEEN ONSET AND DEATH  |
| eath<br>andii<br>ar re  | П             | PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) LICE MONDREY INSUFFICIENCY 1 170  |
| atte  |               | DUE TO, OR AS A CONSEQUENCE OF   |
| t the   | 1             | Conditions, if ony, which gove inse to immediate cause (a), (b) PULMONIARY CHROCINOMATOSIS (12/70)   |
| tha<br>an.<br>by<br>ran<br>cren   | 1             | storing the underlying couse DUE TO, OK AS A CONSEQUENCE OF  |
| res<br>/sici<br>ned<br>ral-1  | 1             | lost (1) METASTATIC CA. OF (ERVIX 16 170   |
| The law requires that the death certificate be executed within \$\textit{14}\$ have after death attending physician. Then please completely filled in perhe funeral se as the existent permit. Then please remain coroon paper for so, and the priar to burial, cremation, or removal, and in any event, which is a series of death the priar to burial, cremation, or removal, and in any event, which is a series of the following the following the following the priar to burial, cremation, or removal, and in any event, which is a series of the following the |               | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  |
| the law raditending has been se as the hpriarta   | 88            | 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING   |
| e la<br>tema<br>ss b<br>as<br>pria  | 3             | 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? YES NO 15 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?   |
| by the haspital are attending physician.  By the haspital or attending physician.  Ifter this certificate has been signed by the attending physician and cample be defined for use as the flurial-transit permit. Then pleas remays a State Dept. af Health priar to burial, cremation, or removal, and in any even   | CERTIFICATION | 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18)  |
| A   |               |  |
| FIYTICIAL: e hospital ar his certificate teched for us Dept. af Heali   | MEDICAL       | (If either, notify medical examiner) P.M. 19   |
| G PHYSIC<br>the haspil<br>this certi<br>de≡ched<br>te Dept. af  | ≥             |  |
| ERITAL OR ATTENDING FILYTICIAL:  I may be retain by the hospital or  ERAL DIRECTOR: After this certificate or, page 3 shauld be de leched far u d be filed with the State Dept. af Heal   |               | While Not while at work of wark  220. I certify that (I) (this haspital) attended the deceased from, 19, to, 19, that (I) (we) last  |
| DIN<br>by<br>Affer<br>be<br>Stat  | П             | 220. I certify that (I) (this hospital) attended the deceased from, 19, to, 19, that (I) (we) las saw the deceased alive on19, and that in (my) (our) opinion death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did nat) view the body after death.  |
| ATTENDIN<br>etained by<br>CTOR: Afte<br>shauld be<br>shauld be  | 1             | causes stated abave, (I) (we) (did) (did nat) view the body after death.   |
| 東京<br>記<br>を<br>記<br>を<br>は<br>に<br>に<br>に<br>に<br>に<br>に<br>に<br>に<br>に<br>に<br>に<br>に<br>に  | 1             | 22c DATE SIGNATURE   |
| OR De r   |               | 1 / All Han / TI) DEGREE ATTENDING DIRECTOR DIRECTOR STAFF S -17-68  |
| AL CAL  | П             | 22d PHYSICIAN'S  NAME (Type) John Knud-Hansenk M.D.  22e. ADDRESS  Faston, Md., 21601  |
| D NICE ITAL OR ATTENE<br>Page I may be retained<br>O FUNERAL DIRECTOR: A<br>director, page 3 shauld<br>Shauld be filed with the   |               | The state of the s |
| Poge direct   | 230           | BURIAL (REMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)  REMOVAL (Spairly) 5-20-68 Newtown Cordova Talbot Maryland  |
| 5 5 0 V   | 1             | Bremoval Spoulty 5-20-68 Newtown Cordova Talbot Maryland FUNERAL DIRECTOR ADDRESS 4/26 DOVER 250. REC'D BY REGISTRAR 25B REGISTRARS HIGHATURE OF ADDRESS 4/26 DOVER 250. REC'D BY REGISTRANS ADDRESS 4/26 DOVER 250. REC'D BY REG'D BY REG'D BY REG'D BY REG'D BY REG'D BY REG'D BY R |
| VR A1 (4)   | 24            | THE STATE OF THE S |
| JUM KEYEJI / 6B   |               | PASTON MA DATE NIGHT 2 4 1900  |

MARYLAND STATE DEPARTMENT OF HEALTH





|  | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  |
|--|--|
| FOR STATE  | MEDICAL EXAMINER'S CERTIFICATE OF DEATH  |
| HEALTH DEPT.   | 1 PLACE OF DEATH a. COUNTY    A  |
| dalloy is  | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  |
| 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -  | d NAME OF ROSPITAL OR INSTITUTIONs (I not in hospital, give street address)  d STREET ADDRESS  e. IS RESIDENCE ON A FARM?  |
| ier death. If Sive Pages 1, ng with form h the Stote De  | 3. NAME OF DECEASED   |
| ofter d<br>S. Give<br>along v  | (Type or print)  S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (in years IE UNDER 1 YEAR IT UNDER 24 HRS lost birthday) Months Dovs Hours Min  |
| hours<br>tem 18<br>Office<br>death   | WIDOWED DIVORCED Vrs  100 USUA, OCCUPAT ON (Give kind of work done during most of working life, even if retired)  10 KIND OF BUS NESS OR II BIRTHP.ACE (State or foreign country)  11 BIRTHP.ACE (State or foreign country)  12 CT ZEN OF WHAT COUNTRY?  |
| nin 24 in 24 | 13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  |
| in per<br>in per<br>il Exam<br>1. File p   | IS. WAS DECEASED EVER IN U.S. ARMED EORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address  (Yes, no, or unknown) ((If yes give wor or dates of service)   |
| execution and inding." Medical permit is within  | 1B. CAUSE OF DEATH (Enter only one couse per fine fg-fg), (b), and (c).)  INTEGRAL BETWEEN   |
| e should be executed within 2, the word "pending" in pencil in to the Chief Medicol Examiners burial-transit permit. File pages in ony event within 72 hours affile.   | PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO DUE  |
| This certificate should be executed within 24 hours offer death. If ficate, writing the word "pending" in pencil in Item 18. Give Pages 1, I be forworded to the Chief Medicol Examiners Office along with form ld be used as a burial-transit permit. File pages 1 apr 2 with the State Der removal, and in any event within 72 hours affer death.  | Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse DUE TO  |
| ertificat<br>writing<br>worded<br>sed as a   | PART II OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(0)  19 WAS AUTOPSY PERFORMED?   |
| Certificate, writ<br>nould be forwor<br>les.<br>should be used<br>on, or removel,  | PERFORMED? YES YES NO  |
| FER:<br>should<br>files.<br>3 shou<br>tion, o  | 3 20c TIME DE INJURY Month, Doy, Yeor 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form 20f (City or town) (County) (State)  |
| L EXAM<br>ecute the<br>Page 4<br>or your<br>R:Page<br>1, cremo   | Hour a m. pm.  19 While Not While of work of w |
| AL<br>director<br>director<br>etained fr<br>DIRECTOI   | death resulted fram: Natural couses []. Accident [], Suicide [], Homicide [], Undetermined manner []   |
| ITY IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII  | SIGNATURE  SIGNATURE  EXAMINER'S  ACTUAL  M.D. ASSISTANT MEDICAL EXAMINER  ACTUAL  SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER  ACTUAL  SIGNATURE  ACTUAL  M.D. ASSISTANT MEDICAL EXAMINER  ACTUAL  ACTUAL  ACTUAL  M.D. ASSISTANT MEDICAL EXAMINER  ACTUAL  ACTUAL  SIGNATURE  ACTUAL  |
| E DEFILITY AL EXAMPLER: This certificates, write funeral director Page 4 should be forwo 5 may be retained for your files.  OFUNERAL DIRECTOR: Page 3 should be used the ofth prior to buriol, cremotion, or removal.  | NAME (Type)  Address (Street, city, town, or county)  230 BUR AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) (County) (Stote)  |
| VR A15ME (SUL)   | REMOVAL (Specify). True 3 1968 Michards Com EASTER 7250 REGISTRAR'S SIGNATURE  24. FUNERAL DIRECTOR ADDRESS 250 RECD BY REGISTRAR'S SIGNATURE  |
| 6M 1/67  | Chearing A kashall Easter and DATE JUN J 1500 June 1800  |

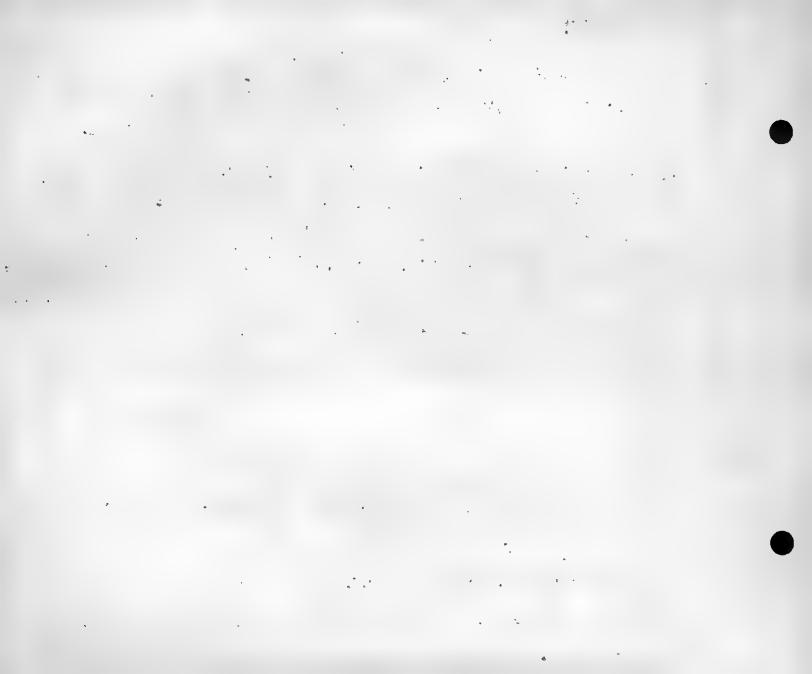


|   | 9             | MARTIAND STATE DEPARTMENT OF HEALTH   |
|---|---------------|---|
| 13.4  | 1             | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201   |
| 14/   |               | CERTIFICATE OF DEATH  |
| 2 8 2   | 1. D          | CEASED-NAME First Middle Lost 20. DATE OF DEATH 2b, HOUR  |
| death<br>and<br>death   | (             | voe or print) / Month Doy Year C#O  |
| 5 525   | 3 SI          | X   1 A RACE   TEINER   TEINER   TEINER   TEINER   TEINER   TEINIOER 24 HISS  |
| the funeral<br>ages rand  | 3 3           | Lock highbory MANUEL DAVE WAIDE MIN   |
| E EBE   |               | MALE WHITE MAY 26-1914 53 YRS   |
| haurs<br>S. Py<br>haur  | 70.           | SIRTHP.ACE (Stole or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH  |
| d in 30 Prs. 72 h   | 100           | MARYLAND USA WIDOWED DIVORCED 1/0/DOT Md.   |
| ille<br>pag   | 10.           | ITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital DCCUPATION (Kind of work done 12b KIND OF BUSINESS OR   |
| with \$ P   | ı             | EASTON give street oddress) MEMORIAL during most of working life, eyen if retified.) INDUSTRY   |
| d w<br>lete<br>arb  | 130.          | USUAL RESIDENCE (Where deceosed lived, if institution: Residence before/ 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER   |
| PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death e haspital ar attending physician. The last been signed by the attending physician and campletely filled in by the funeral stached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 Dept. of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death | odm           | ission) STATE MARYLANDS. COUNTY OUCENAME GRASONULYES NO XX  |
| D CO L  | 14.           | ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost   |
| and rem   | 1             | CHRISTIAN GERNERT ALICE HIGDON  |
| ertificate be<br>physician c<br>nen please<br>naval, and i  | Ián           | WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT, Address   |
| ical<br>Sici  |               | es, no. of inknown) (If yes give war or dates of service) 214-03-2288 MARCELLA GERNERT - GRASONUILLE  |
| Py Py Py Py   | <u> </u>      | TAMAMULE INTRO  |
| 2 <u>5</u> E  |               | IB. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).)  PART I. DEATH WAS CAUSED BY.  |
| he death ce<br>attending ;<br>permit. The   |               | IMMEDIATE CAUSE (0) Undellerentiated sarcoma Uncertain  |
| affe<br>on,   |               | DUE TO, OR AS A CONSEQUENCE OF  |
| the the sit property  |               | Conditions, if ony, which gove 1  |
| hat<br>n.<br>yy t<br>ans  |               | rise to immediate couse (a), (b) UE TO, OR AS A CONSEQUENCE OF  |
| SS 1<br>SC 1<br>T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-  |               | lost.   |
| equires that the physician. Signed by the burial-transit burial, cremat   |               | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  |
| g pg  |               | 1 None  |
| aw<br>din<br>din<br>art   | ĕ             | 196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING  |
| X pring X   | CERTIFICATION | YES TO NO CAUSES OF DEATH?  |
| - F =   |               | 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.)  |
| AN AN CONTRACT  |               | FIGR CONTRIBUTING FI CAUSE OF DEATH HOUR A.M. Month Doy Yeor  |
| Dia italia  | MEDICAL       | Ilf either, notify medical examiner) P.M. 19  |
| PHYSICIAI he haspital this certifica letached for   | Σ             | 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote  |
| de trade  |               | While Not while of work OFFICE BUILDING, ETC.   |
| IN<br>by<br>ffer<br>be  | L             | 22a. 1 certify that (I) (this haspital) attended the deceased fram. 1-30, 1965, ta 5-7, 1968, that (I) (we) last saw the deceased alive an 5-7 1965, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave (II) (we) (did) (did nat) view the bady after death. |
| N ed   |               | saw the deceased alive an   |
| ATTENDING stained by th CTOR: After t should be de  |               |   |
| OR ATTEN<br>be retained<br>DIRECTOR: /  |               | 226. SIGNATURE  Robert W. Trever DEGREE PHYS.   |
| DIRE See 3  | Н             |   |
| TAI<br>AI<br>Po   | 1             | 22d. PHYSICIAN'S ROBERT W. TREVER 220. ADDRESS EASTON MARYLAND  |
| Page 4 may be retained by the haspital ar attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled is director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon paper should be filed with the State Dept. of Health prior to burial, cremation, or remayal, and in any event, within 72                   |               | NODEK! WITHCHER PROJECT   |
| S S S S S S S S S S S S S S S S S S S   | 230           | BURIA. (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County), (State)   |
| 2-27° m   |               | BUDGAL 5-9-68 MEMORIAL-WOODLAWN EASTON MD.  |
| VR A15 (4)  | 24.           | FUNERAL DIRECTOR 250. REGISTRAR 25b REGISTRAR SIGNATURE  ADDRESS 250. REC'D BY REGISTRAR 25b REGISTRAR SIGNATURE  MAY 1 2 1968 Policyclay Supply  |
| 30M REV 1/68 1/   | L             | LANG FINNERAL HOME Church Hill, Md. DATE MAY 13 1968 goliandes Judge  |

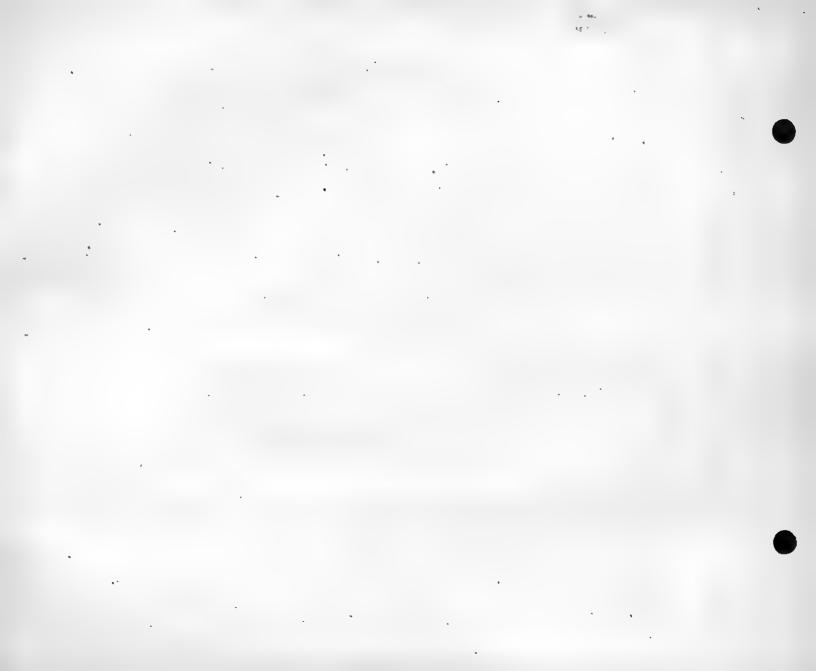


| 610  |               | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  |                      |
|--|---------------|--|----------------------|
|  |               | CERTIFICATE OF DEATH   | •                    |
| 4 24   |               |  | . HOUR               |
|  | 1             | Type or print) CILLIAN COLLEGE STORES STORES Month Doy Yeor 60 5   | - 35 M               |
| a 5- a   | 3 5           |  | ER 24 HRS            |
| E 288  |               | male Megro march 2/914 52/ yrs.  | S Mile               |
| of the   |               | BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARDIED (7) (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH   |                      |
| 4 6 5 5  | (Oil)         | ntry) md 1/5 A WIDOWED DIVORCED D  | Md.                  |
| nin 24<br>filled<br>pape<br>thin 7   | 10            | CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospita) 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINE  |                      |
| The law requires that the death certificate be executed within 24 haurs after duath afterding physician.  I as leen signed by the attending physician and campletely filled in by the unterestance as as the burial-transit permit. Then please remove carbon papers in a feet the prior to burial, cremation, ar remayal, and in any event, within 72 bours often death   | 15            | during most of working life, even if refired   INDUSTRY  |                      |
| completely ave carbor y event, will  | 130.          | USJAL RESIDENCE (Where deceosed lived, if institution: Residence before   13c, CITY OR TOWN   13d INSIDE CITY LIMITS?   13e STREET AND NUMBER  |                      |
| tute<br>omp  | adm           | ission) STATE Md 13b. COUNTY Talbot Bellevue YES NO BOY 66   |                      |
| exe<br>d c   | 14.           | FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Los  | 1                    |
| be ex<br>and<br>e rem  |               | Aubrey Goldsparaya Bessie m. Gumby   |                      |
| ate  | 160           | . WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT Address  |                      |
| e death certificate l<br>attending physician<br>sermit. Then please<br>an, ar remaval, and   |               | (es, no, or unknown) (4 yes give wor or dotes of service) 217.03.4566 mrs flora mge Goldorough- Belleve  | 1.90 LAC.            |
| cer<br>May p   |               | 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  APPROXIMATE INT BETWEEN ONSE AND  | RVAL                 |
| ath<br>ndin<br>if.   |               | PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a) Vernue  18 mm  | 11                   |
| otte<br>erm<br>in, c   | L             | 2509 DUE TO, OR AS A CONSEQUENCE OF  |                      |
| the after practice and the matrice   |               | Conditions, if only, which gove)   | -                    |
| that<br>by 1<br>ans  |               | rise to immediate couse (a), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF   |                      |
| res<br>sicio<br>ed l<br>al-tr  | L             | lost. (c)  |                      |
| quires the<br>physician.<br>signed by<br>burial-trar<br>burial, crei   | L             | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)   |                      |
| law rending leen s the iartal  | z             | z' '.  |                      |
| lay end  | Iğ            | 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYII   | 1G                   |
| The affer  | CERTIFICATION | YES NO CAUSES OF DEATH?  |                      |
| YSICIAN: ospital ar certificate thed for use the formuse the formu |               | 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)    OR CONTRIBUTING   CAUSE OF GEATH   HOUR A.M. Month Day Year  |                      |
| Pit  | MEDICAL       | (If either, notify medical examiner) P.M. 19   |                      |
| ATTENDING PHYSICIAN: etained by the hospital arCTOR: After this certificate should be detached far unth the State Dept. of Heal  | ž             | 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County   | Stote                |
| the harm   |               | ot work ot work  |                      |
| OR ATTENDING be retained by t DIRECTOR: After ge 3 should be of  | П             | 22a. I certify that (i) (this hospital) ottended the deceased from 19 on the deceased from 19 on the deceased flow and that in (my) (aux) gaining death accurred on the dete and hour and from 19 on the deceased flow and that in (my) (aux) gaining death accurred on the dete and hour and from 19 on the deceased flow and that in (my) (aux) gaining death accurred on the dete and hour and from 19 on the deceased flow and that in (my) (aux) gaining death accurred on the dete and hour and from 19 on the deceased flow and that in (my) (aux) gaining death accurred on the dete and hour and from 19 on the deceased flow and that in (my) (aux) gaining death accurred on the deceased flow and that in (my) (aux) gaining death accurred on the deceased flow and that in (my) (aux) gaining death accurred on the deceased flow and the deceased flow and that in (my) (aux) gaining death accurred on the deceased flow and the deceased fl | <del>we) l</del> ast |
| R. A Sed   | ı             | saw the deceased alive an  | om the               |
| Short TA   | Н             | 22b SIGNATURE 27 77 22 DATE SIGNED   |                      |
| OR be re 3 le 3 le 4 w   | L             | DEGREE PHYS. DIRECTOR | 2                    |
| AL D   |               | 22d. PHYSICIANS 2. 22e ADDRESS   |                      |
| ERA<br>d be  |               | NAME (Type) Stephen P. Carrier M. D. Easton, Maryland 5/13/68  |                      |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the hospital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate las leen signed by the attending physician and campletely filled director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon page should be filled with the State Dept. of Health prior to burial, cremation, ar remayal, and in any event, within 7   | 23o.          | BURIAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Sto   | te)                  |
| 55 5 2 2 V   |               | REMOVAL (Specify) 5/15/68 Richard-Cam Exstan TA. Md.   |                      |
| VR ALL   | 24.           | FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE  | P                    |
| 30M REV. 1168  | 1 5           | Cleared H Charles on & The mod part MAY 1 6 1988 geliances July  |                      |

MAKTLAND STATE DEPAKTMENT OF HEALTH



| 1 2 2   |     | MARYLAND STATE DEPARTMENT OF HEALTH  |              |
|---|-----|--|--------------|
| JURY 1  | Н   | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  |              |
| 100   | - 1 | CERTIFICATE OF DEATH   |              |
| r deoth.<br>yneral<br>J <sup>o</sup> and 2<br>sr deoth.   |     | 1. DECEASED NAME (Type or print) Uirla Middle Illast I 20. DATE OF DEATH Month 3, Day Year 8 C. F.   | JR<br>)<br>M |
| haurs after death   |     | service with sight. 11,1897 "10" YRS.  | HRS.<br>Mili |
| 13000   |     | 76. CITIZEN OF WHAT COUNTRY?  ROUNTRY?  A MARRIED NEVER MARRIED  9. COUNTY OF DEATH  WIDOWED DIVORCED  | Md.          |
|   | ~,  | 10. CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If nat in hospital during most of work and of work done during most of working life, given if retired)  12 USUAL OCCUPATION (Kind of work done during most of working life, given if retired)  13 NAME OF HOSPITAL OR INSTITUTION (If nat in hospital during most of working life, given if retired)  |              |
| , ————————————————————————————————————  |     | 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 130 OTTY OR TOWN admission STATE NO 136 INSIDE COUNTY OF TOWN 136 INSIDE |              |
| be exe  | 0)  | 14. FATHER'S NAME First Middle allew Sauce First Mc Line Middle Last Last  |              |
| tificate<br>hysicion<br>n pleos<br>val, and   |     | 16a WAS DECRASED EVER IN U.S. ARMED FORCES? YES, no for unknown) (It yes give war or dottes of service) 121-10-86240 Million. Educa Market Market Playley Me   | ₽.           |
| OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed be retoined by the haspitol or attending physician.  SIRECTOR: After this certificate has been signed by the attending physicion and compleme 3 should be detached for use as the burial-transit permit. Then please remove carted with the State Dept. of Health prior to burial, cremation, or remayal, and in any event, |     | 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.  (c)  |              |
| O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burnal-tron should be filed with the State Dept. of Health prior to burnal, cren  |     | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  |              |
| I: The or attente has use a ooth pr   | Х   | 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? YES NO 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)   | _            |
| SICIAN<br>spitol<br>ertifico<br>ned for<br>t. of He   |     | Great Contributing Cause of DEATH HOUR A.M. Manth Day Year [If either, notify medical examiner] P.M. 19  |              |
| G PHY<br>the ho<br>r this of<br>detock<br>te Depite   |     | While Not white at wark At wark  |              |
| TENDIN<br>ined by<br>Rr. Afte<br>ould be<br>the Sto   |     | 22a   certify that (1) (this haspital) attended the deceased fram 5-26, 1968, ta 5-31, 1967, that (1) (we) saw the deceased alive an 5-31, and that in (my) (our) opinion death occurred on the date and hour and from causes stated above, (1) (we) (did) (did not) view the body after death.  | last<br>the  |
| OR ATI  |     | 226. SIGNATURE  M. D. ATTENDING MED STAFF CO - 1-68  |              |
| D HOSPITAL OR ATTENDING PHYSICIAN: The low re<br>Page 4 may be retained by the haspital or attending<br>D FUNERAL DIRECTOR: After this certificate has been<br>director, page 3 should be detached for use as the<br>should be filed with the State Dept. of Health prior to  | 1   | 22d. PHYSICIAN'S ROBERT W. TREVER 22e. ADDRESS RD3 Easton, Md.   |              |
| TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt  |     | 23 COUNTY OF COUNTY JULE 4, 1968 23c. MAME OF CEMETERY OR CREMATORY FOR DECEMBERY OF CREMATORY FOR DECEMBERY OF CREMETERY OR CREMATORY FOR DECEMBERY OF COUNTY) & (County) & (Co | 14,          |
| VR A15 (4)<br>30M REV 1/68  |     | 24 FUNERAL DIRECTOR  ADDRESS  ADDRESS  DATE JUN 4 1968  REGISTRAR'S SIGNATURE  LATER JUN 4 1968  REGISTRAR'S SIGNATURE  ADDRESS  ADDRESS  ADDRESS  DATE  ADDRESS  ADD | 7.           |



| 7   | 1   | 37594  |   | ) STATE DEPARTMENT OF                 |   |                                     |  |  |  |
|---|---|--|---|---------------------------------------|---|-------------------------------------|--|--|--|
| ( R   | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH |  |   |                                       |   |                                     |  |  |  |
|   | 1   | TAGES MANGE PARTY  | 711 124 1285 22                             |                                       |   | th none                             |  |  |  |
| death.  |   | YPE or print)  | 77 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1      | R / last                              | 2a. DATE OF DEATH  Month Day  | Year (7) 11 4/3                     |  |  |  |
| er death<br>funerol<br>l ond<br>er death  | 3. \$   | 1 HACO   | 4. RACE                                     | 5 DATE OF BIRTH                       | May 10  | IF LINDER YEAR I IF UNDER 24 HRS.   |  |  |  |
| The fr  |   | TALE   | WHITE                                       | 3/15/19/                              |   | AONTHS DAYS HOURS M.N.              |  |  |  |
| onus and  | 7a.   | BIRTHPLACE (State or foreign                                       | 7b. CITIZEN OF WHAT COUNTRY?                | 8 MARRIED MEVER MARRIED               | 9. COUNTY OF DEATH  | )                                   |  |  |  |
| 4 4 P P P P P P P P P P P P P P P P P P   | L   | MARYLAND   | U.S.A.                                      | WIDOWED DIVORCED                      | Ahebo   | - Md                                |  |  |  |
| fille<br>fille<br>fille   | 10  | ITY OR TOWN OF DEATH   | 1) NAME OF HOSPITAL OR INS                  | INTUTION (If not in haspital 12a US)  | UAL OCCUPATION (Kind of work done gost of working life, even if retired.) | 125 KIND OF BUSINESS OR<br>INDUSTRY |  |  |  |
| ribor / wit   | 12.0  | EASTON   | ed lived, if institution: Residence before  | 13c CITY OR TOWN 13d INSIDE CITY      | Country Type 13e STREET AND NUMBER  |                                     |  |  |  |
| e executed within 24 hand completely filled in remove carbon popages in any event, within 7 first   | adm   | issian PARILLAND   | 13b. COUNTY A L 13 o T                      |                                       | NO 518 AUGUST   | = 577,                              |  |  |  |
| e exe   | 14.   | FATHER S NAME First  | Middle Lost                                 | IS. MOTHER'S MAIDEN NAME              | First Middle  | Last                                |  |  |  |
| n al  |   | NILLIAM F.   | GREEN                                       | JESSIE                                | (1. (IARSHAL  | <u></u>                             |  |  |  |
| rtificate b<br>physicion<br>en please   | 160   | WAS DECEASED EVER IN U.S. ARM les no of unknown) (If yet give yet) | IED FORCES? 16b. SOCIAL SECURITY N          | O. 17. INFORMANT<br>395 MRS. RALPHP.  | GREEN, EASTON.  | Mas                                 |  |  |  |
| phy<br>phy<br>nen<br>ova  |   |  |   |                                       | BREEN, FASION,  | APPROXIMAYE INTERVAL                |  |  |  |
| he death cer<br>ottending p<br>permit. The  | Ι΄  | PART I. DEATH WAS CAUSED   |   |                                       |   | BETWEEN ONSET AND DEATH             |  |  |  |
| dea<br>trenc<br>rrmit<br>, or   | ŀ   | 1MMEDIA  | TE CAUSE (a)                                | uu 11                                 |   |                                     |  |  |  |
| the or the period   |   | Canditions, if any, which gave)                                    | DUE TO, OR AS A CONSEQUENCE OF              | al obstr                              | unten   |                                     |  |  |  |
| that the<br>an.<br>by the<br>ransit p   |   | n'se to immediate cause (a),                                       | DUE TO, OR AS A CONSECUENCE OF              | 7,000                                 | 11  |                                     |  |  |  |
| es ti<br>sicial<br>sid b<br>sid b<br>sid b  | П   | stating the underlying cause last                                  | /   | cerox Tão                             | stull   |                                     |  |  |  |
| equires t<br>physicia<br>signed k<br>burial-tr<br>burial, a   | П   | PART 2. OTHER SIGNIFICANT CON                                      | DITIONS CONTRIBUTING TO DEATH BUT NO        | T RELATED TO THE TERMINAL DISEASE OF  | RCONDITION GIVEN IN PART 1(a)   |                                     |  |  |  |
| ing ing the he  | 3   | 127 x  |   |                                       |   |                                     |  |  |  |
| AN: The law rail or offending cate has been or use os the Health prior to   | CERTIFICATION   | 19a. DATE OF OPERATION 19b.  | CONDITION FOR WHICH OPERATION WAS PER       |                                       | 20b. IF YES, WERE FINDINGS CO<br>CAUSES OF DEATH?                         | NSIDERED IN CERTIFYING              |  |  |  |
| Hase had by   | E   | 21a, ACCIDENT WAS UNDERLYIN  | C. Total TIME OF IMPURY                     | YES NOTE NOTE                         | 2   |                                     |  |  |  |
| al o<br>ficat<br>for<br>Hec   |   | OR CONTR BUTING CAUSE OF CEAT                                      | HOUR A.M. Month Day Year                    | 210 HOW INJURY OCCURRED (EN           | ter nature of injury in Part 1 or Part 2, It                              | em 10.)                             |  |  |  |
| rSIC<br>sspit<br>certification  | MEDICAL   | (If either, natify medical examin<br>21d INJURY OCCURRED 21e.      | PLACE OF INJURY / AT HOME FARM, STREET, FAC | ORY 1 216 LOCATION Street or R.F.D. h | Va. City ar Tawn  | County State                        |  |  |  |
| O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Poge 4 may be retained by the hospital or oftending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages, lond 2 should be filled with the State Dept. of Health prior to burial, cremotian, or removal, and in any event, within 7 haurs and death |   | While Nat while  |   | ORY.) 21f LOCATION Street or R.F.D. I |   |                                     |  |  |  |
| DING<br>by t<br>ffer<br>be c<br>State   | П   | 22a. I <b>certify</b> that (I) (thi                                | s haspital) attended the decease            | d from \$2,66, 19.                    | Cos, to 10 114, 198   | that (I) (we) last                  |  |  |  |
| R: A the  | П   | causes stated abave  | (I) (we) (did) (did not) view the l         | oody after death.                     | pinion deoth occurred an the dat  | e and navi ond from the             |  |  |  |
| ATI Sho sho sho   |   | 22b. SIGNATURE   | 11/15/11                                    | / ATTENDING —                         | 22c D   | ATE SIGNED                          |  |  |  |
| OR DIRE   |   | Zd_  | V fel I M                                   | MUNDEGREE PHYS.                       | MED. STAFF DIRECTOR PHYS.   |                                     |  |  |  |
| MAL Doog  |   | 22d. PHYSICIAN'S<br>NAME (Type)                                    |   | 22e ADDRESS                           | M3  |                                     |  |  |  |
| HOSPITAL OR ATTEN<br>age 4 moy be retoiner<br>FUNERAL DIRECTOR:<br>rector, page 3 should<br>hould be filed with the   | 00  | 150000   | and J. FitzGerald                           | EMETERY OR CREMATORY                  | , Maryland  | (0                                  |  |  |  |
| TO HOSPITAL Poge 4 moy TO FUNERAL I director, pog   | 1   | BURIAL, (REMATION, 23b. I  | 1/3/1968 SPR                                | ING HILL                              | EASTON, M   | (Caunty) (State)                    |  |  |  |
| VR ALS  | .24   | FUNERAL DIRECTOR   | ADDRESS                                     | 2So. REC'D                            | BY REGISTRAR 25b. REGISTRAR S S   | IGNATURE SALES                      |  |  |  |
| 30M REV 108   | 1   | Paule E. Ne  | usama Jan 192.                              | tow, Mod. DATE N                      | IAY 1 5 1968 Proce  | me your                             |  |  |  |



|   |               | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  |  |
|---|---------------|--|--|
|   | _             | CERTIFICATE OF DEATH   | 4  |
| death.  | (1            | Lewis Jervery Duffing 5  | Day 6 YED 25. HOUR                               |
| s offer   | 3. SE         | 4. RACE  4. RACE  5. DATA OF FIRTH  OCTOBER 29, 1912  6. AGE (In years lost birthday)  YR  | IF LHDER : YEAR WUNDS HRS. MONTHS DAYS HOURS MIN |
| hours<br>erser by   | 70. !<br>caur | IRTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?   8 MARRIED   9. COUNTY OF DEATH   100   10 | elat Md  |
| thin 24 h   | 10. 0         | ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital)  12a. USUAL OCCUPATION (Kind of work dan during most of working life, even if retired   | ne 125. KIND OF BUSINESS OR                      |
| prificate be executed within ? physician and campletely fille sen please remave carban pa oval, and in any event, within  |               | USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN)  13b INS DE CITY LIMITS?  13b COUNTY  13b COUNTY  13b COUNTY  13b COUNTY  13c NEW COMP  YES NO   13c STREET AND NUMBER  13c STREET AND NUMBER  | KETTRED  |
| xecu<br>mav<br>nny e  |               | ATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle   | Last   |
| be e<br>onor  |               | LEWIS HERBERT GRIFFITH, SR JULIA   | SUTTON   |
| cate<br>iiciar<br>sleas<br>anc  | 160           | WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 117 INFORMANT Address  |  |
| physen poval  |               | THE MORTOWHO IL 19 21-76, 2011 HIGS: THE ASSESS GIGHT IN HOW! IN   | APPROXIMATE INTERVAL                             |
| equires that the death certification.  physician.  signed by the attending phy burial-transit permit. Then burial, crematian, ar remova   |               | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY.   | BETWEEN ONSET AND GEATH                          |
| deal<br>frend<br>rmit.  |               | IMMEDIATE CAUSE (a) Sasture Character  |  |
| the are to be at the attention  |               | Canditions, if any, which gave   |  |
| n.<br>n.<br>ny th<br>ansi   |               | rise to immediate cause (a), (b)  Stating the underlying cause (DUE TO, OR AS A CONSEQUENCE OF   |  |
| equires that the death ce<br>physician.<br>signed by the attending<br>burial-transit permit. Th<br>burial, crematian, ar rem  |               | last. (1) CA of O. Lal-Pharymet  |  |
|   | ×             | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  |  |
| O HOSPITAL OR ATTENDING PHYSICIAN: The law rapage 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR; After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to | CERTIFICATION | 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH?  | S CONSIDERED IN CERTIFYING                       |
| Lar<br>Lar<br>cate<br>ar u  |               | 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port or Contributing Cause of Death HOUR A.M. Manth Day Year  | 2, Item 18.)                                     |
| SICU<br>Spiro<br>striffi<br>ed f  | MEDICAL       | (If either, natify medical examiner) P.M. 19   |  |
| NING PHYSICIAN: The by the haspital ar after frer this certificate has be detached far use a state Dept. af Health pr   | 2             | 21d INJURY OCCURRED While Not while of work 121e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)  21f LOCATION Street or R F D No. City or Town of Work 121e.   | Caunty State                                     |
| OR ATTENDING<br>be retained by the<br>IRECTOR: After<br>e 3 should be de<br>ed with the State   |               | 22o. I certify that (I) (this haspital) attended the deceased from, 19, to, 19, to, sow the deceased alive on, 19, and that in (my) (our) opinion death occurred on the causes stated abave, (I) (we) (did) (did not) view the body after death.   | 19, that (I) (we) lost                           |
| ren<br>ined<br>ined<br>ruld<br>the  |               | causes stated abave, (1) (we) (did) (did not) view the body after death.   | able and nour and from the                       |
| * ATTER<br>retaine<br>ECTOR:<br>5 shaul   |               | 22b SIGNATURE 1 - 0 STAFF  | 2c. DATE SIGNED                                  |
|   |               | III. V VV ~ 44 CT C C C C C C C C C C C C C C C C C  | 12 May 6   |
| PITAL OR I may be ERAL DIR page 3 ar, page 3 d be filed   |               | 22d. PHYSKIAN'S NAME (Type) William E. Latimer, M.D. 22e. ADDRESS Easton, Md.  | d  |
| O HOSPITAL Page 4 may O FUNERAL director, pag   | 23a           | B_RIAD CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)  | (County) (State)                                 |
| VR ALSHI  | 24.           | FUNESA DURCTOR 250 REGISTRAR 25b REGISTRAR 25b REGISTRAR   | AR S SIGNATURE                                   |
| 30M REV 1/68  | 1             | Eschool Date MAY 16 1968 for   | liarle"  |

MAKILAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Tost 20. DATE OF DEATH (Type or print) Sarah (atherine Grunden 4. RACE 3 SEX S. DATE OF BIRTH 6. AGE (In years IF JINDER I YEAR OF JNDER 24 HRS HOURS lost\_highday) White Female requires that the deoth certificate be executed within 24 hours country Pa 70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED [ ] NEVER MARRIED [ burial, cremotion, or removol, and in any event, within 72 DIVORCED T Talbot WIDOWED -10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 12b KIND OF BUSINESS OR during most of working life, even if retired.) aston 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY > MITS? 13e. STREET AND NUMBER 13b. COUNTY albox Easton Hardin Street 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Lost Ephriam Wilson Ida ckennod 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, no, or unknown) APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per line for (o). (b) and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEATH signed by the ottendir buriol-tronsit permit. 146 Conditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause lost. 4201 PART 2\_OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to 9 has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? CAUSES OF DEATH? YES 🗌 NO 🗌 O FUNERAL DIRECTOR: After this certificate 2%, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City on Town County Stote White Not while at work 1967, to 5 127 causes stated above, (1) (we) (did) (did nat) view the body after death. 22th SIGNATURI 22c. DATE SIGNE **ATTENDING** STAFF DEGREE PHYS. DIRECTOR 22e. ADDRESS PHYSICIAN'S NAME (Type) Robert M. McDonald, MD 2 S. Manson Street, Md. 21601 Easton. 23 NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (State) PENOLYALISOBULTY) Spring Hil aston.

MARYLAND STATE DEPARTMENT OF HEALTH



|    |  |           |               | MARTLAND STATE DEPARTMENT OF HEALTH  |
|----|--|-----------|---------------|--|
| 11 | 1  |           |               | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  |
|    | •  |           |               | CERTIFICATE OF DEATH   |
| X  | - 22   |           | ì D           | CEASED-NAME , First Middle Lost 20. DATE OF DEATH 26 HOUR  |
|    | death<br>neral<br>and 2<br>death   |           |               | ype or print) MCOLNETIL E // DRPIS AN/ TO Month Day Year   |
|    | r death  |           | 3. 58         |  |
|    | ffer<br>Fest   |           | 3. 31         |  |
|    | S TE   | -         | _             | 111111 WHITE 6-13-12 45 YRS.   |
|    | 3 6  | 7         |               | BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH  |
|    | d d  | 4         | <u>/_</u>     | ( ARILAND USA WIDOWED DIVORCED 7/3/80/ Md.   |
|    | hin 24<br>filled<br>pape<br>thiny  |           | 10 (          | ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR  |
|    | srtificate be executed within 24 physician and campletely filled : en please remave carban paper aval, and in any event, within  | 1         | 1             | =ASTON give street oddress) MEMORIAL during most of working ife, even if retired   IND STRY  |
|    | d v<br>llete<br>cark   | y         | 130.          | USJA. RESIDENCE (Where decessed lived, if institution: Residence before   13c (ITY OR TOWN   13d INSIDE (ITY LIMITS?   )3e STREET AND NUMBER   |
|    | omp<br>ve ve   |           | odm           | ATATELLAND 136 COUNTY LBOT TMICHAELS YES INO []  |
|    | d co   | - 1       | 14,           | ATJER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost  |
|    | an<br>an<br>in c   |           | 1/3           | ENNETH E. HARRISON, SR NORA WISE   |
|    | te l   |           | 160           | WAS-DECEASED EVER IN U.S. ARMED FORCES?   16b SOCIAL SECURITY NO   17, INFORMANT 7 Address   |
|    | Ple VSic   |           | 1.2           | es/no or unknown) (If yes give wor or dates of service) SKO-16-3091/185 KENNETHE HOPPISANJE STMICHOELS (A)   |
|    | terti  |           | H             | APPROXIMATE INTERVAL   |
|    | te death cer<br>attending p<br>permit. The   |           |               | 18 CAUSE OF DEATH (Enter only one couse per line for by), and (c)) PART I. DEATH WAS CAUSED BY.  |
|    | Jean<br>mit<br>ar  |           |               | IMMEDIATE CAUSE (o)  |
|    | at<br>at<br>ion  |           |               | 1890 DUE TO, OR AS A CONSEQUENCE OF  |
|    | t the<br>the<br>sit<br>nat   |           |               | Conditions if ony, which gove is to immediate couse (a). (b) which some to immediate couse (a).  |
|    | the<br>by<br>irer  |           |               | stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF  |
|    | equires that the physician. signed by the burial-transit purial, cremative   |           |               | lost, (c)  |
|    | phy<br>sign<br>suri  |           |               | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  |
|    | ng<br>en<br>en<br>tal  |           | 2             | / .'   |
|    | law<br>ber<br>s ff   |           | 8             | 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING  |
|    | the law re<br>attending<br>has been<br>se as the<br>h priar ta   | jl.,      | CERTIFICATION | YES NO CAUSES OF DEATH?  |
|    | te a sign  |           | GER           | 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)   |
|    | A Taging Tage  |           | 질             | OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year  |
|    | rsic<br>rent<br>red<br>hed   |           | MEDICAL       | (If either, notify medical examiner) P.M. 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Mot while 19  |
|    | IDING PHYSICIAN: 1  1 by the haspital ar After this certificate 1 be detached far us State Dept. af Healt  |           |               | While Not while of work OFFICE BUILDING, ETC.  |
|    | Stage of the stage |           | 1             | 22a. I certify that (1) (this haspital) astended the deceased from 1961, to 1161, to 1162, that (1) (we) last  |
|    | Aft by St. St. Be  |           |               | 22a. I certify that (I) (this haspitol) attended the deceosed from 1962, that (I) (we) last sow the decegsed olive on 1962, and that in (my) (our) opinion death occurred on the date and hour and from the course stated above (I) (we) (did) (dre-pot) were the body after death   |
| •  | TEN<br>Ten<br>The  |           |               | causes states obove, (I) (we) (did) (and not) yiew the body after deoth.   |
|    | A G G S E  |           |               | 226 AIGNAWRY 220 DATE SIGNED   |
|    | d w Signature  |           |               | DEGREE PHYS. DEGREE PHYS. DIRECTOR PHYS. D 5-3-68  |
|    | A L  |           |               | 72d. Anysician 22e. Address  |
|    | PIT MERA   | ŝ         |               | NAME(Type) R. Lane Wroth, M.D. St. Michaels, Maryland  |
|    | TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.  **O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in brive funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers, registed and should be detached for use as the burial-transit permit. Then please remave carbon papers. The page 1 should be filled with the State Dept. of Health priar to burial, tremation, ar remaval, and in any event, within 72 hours offer death  |           | 23a           | BURIA_, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (County) (Stote)   |
|    | <b>2</b> 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8   | 14        | 1             | SEMOVAL (Specify) 5/4/1968 ST. JOSERH'S (ORDOVA, M)  |
|    | //   | 2         | 24            | FINERAL DIRECTOR 250. REGISTRAR 250. |
|    | VR A15.(4<br>30M REV 1.  | 4)<br>/68 | 14            | Trucce to bleeman over the form May 7 1968 formers   |
|    |  |           | " 1           | and the state of t |

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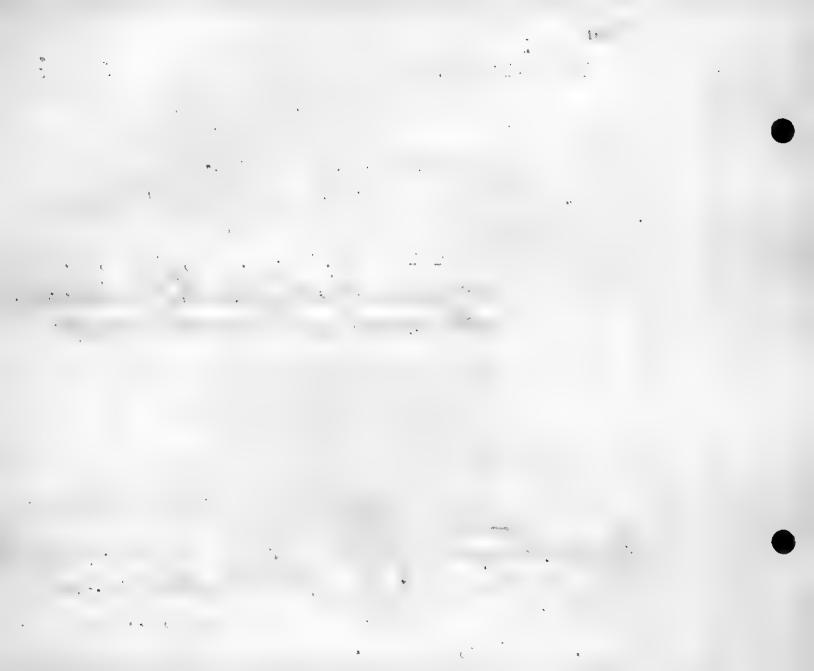
| MARYLAND STATE DEPARTMENT OF HEALTH  |   |
|--|---|
| DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  | 71 (2                                       |
| CERTIFICATE OF DEATH   | 7 ()  |
| 1 DECEASED-NAME SEVILITIES JACKSON Middle HOSKINS. Last 20. DATE OF DEATH Month Day Yes  | 2b, HOUR                                    |
| Devillat S. #182/1.N.S 1 1/4/1/32 1/2  | Lex 111 M                                   |
| The principle of points  | YEAR IF UNDER 24 HRS. DAYS HOURS MIN.       |
| 76 BIRTHPLACE (Stote or foreign Country) Aryland USA WIDOWED DIVORCED 9. COUNTY OF DEATH WIDOWED DIVORCED  | √. Md                                       |
| 10. CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work no life even if retired.)  120 USUAL OCCUPATION (Kind of work dane life even if retired.)  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work no life even if retired.)  12 USUAL OCCUPATION (Kind of work dane life even if retired.)   | NO OF BUSINESS OR<br>IRY<br>Ome             |
| 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before deceased lived, if institution deceased lived, it institution deceased lived, it institution deceased lived, it institution d | ome   |
| 14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First M'ddle  | Lost  |
| Basil Jackson Sarah Jackson  |   |
| 16b. WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO   17 INFORMANT   Address   16b. Social Security NO   213-16-7868   Mrs. Gertrude Green, Preston, Mary   | land.RFD                                    |
| 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  | PPROXIMATE INTERVAL<br>WEEN ONSET AND DEATH |
|  | Levo  |
| TO, TO DUE TO, OR AS A CONSEQUENCE OF  |   |
| Conditions, if any, which gave (b) (b)   |   |
| stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF  |   |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)   |   |
| 327 Verential heart La line  |   |
| 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED CAUSES OF DEATH?  21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 121c. HOW INJURY OCCURRED (Enter parties of unjury in Part 1 or Part 2 Item 18.)   | IN CERTIFYING                               |
| YES NO KE CAUSES OF DEATH?   |   |
| 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1B.)   |   |
| (If either, notify medical examiner) P.M. 19   |   |
| 21d. INJURY OCCURRED While Not while of work o | State                                       |
| 22a. I certify that (1) (this haspital) attended the deceased from Many, 1968, to 22 log, 1968,  | that (I) (we) last                          |
| saw the deceased alive an 19 68, and that ip (my) (our) apinian death accurred on the date and h causes stated abave, (I) (we) (did) (did not) view the bady after death.  | aur and tram the                            |
| 22b. SIGNATURE 2   | ED ,  |
| Menson Harry Mary on DEGREE PHYS. DEGREE OF DIRECTOR PHYS. 12 + less   | 7 48  |
| 22d. PHYSICIAN'S NAME (Type) THURSTON HARRISON 22e. ADDRESS CLESTON Many land  |   |
| 23a. BURIA., CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)  | ) (State)                                   |
| May 27,1968 Spring Grove Cemetery Denton, Maryland   |   |
| 24. FUNERAL DIRECTOR  The form Francisco Home Fellowilles File Date MAY 2. 7 1968 Octioned as the part of the file | l<br>Verdan                                 |



MAKYLAND STATE DEPAKTMENT OF HEALTH



| _  | 1             |  | IND STATE DEPARTMENT OF H  |  |
|--|---------------|--|--|--|
| 2  |               | MORE, MARYLAND 21201   |  |  |
| ۲ 2 ب  |               | ECEASED-NAME First Middle  | CERTIFICATE OF DEATH   | 20 DATE OF DEATH 2b. HOUR                                    |
| \$ 2 5 E   | 1             | Type of print) Thomas Calvin Jones   |  | 5 Month Day 968 Year AM                                      |
| \$ 14-7\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\  | 3 S           | EX 4. RACE   | S. DATE OF BIRTH   | 6 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS.             |
|  | Γ.            | male white   | 9/26/1877  | lost birthdoy) MONTHS DAYS HOURS MIN                         |
| hours<br>P P P   |               | BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY?   |  | 9. COUNTY OF DEATH   |
| 4 h<br>1 in<br>sers.<br>72 h   | £OU           | ntry) Maryland USA   | WIDOWED DIVORCED   | Talbot Md.   |
| nin 24<br>filled<br>pape<br>fhin 77  | 10.           |  |  | AL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR     |
| d with etely orbon   | L.            | Tilghman give street oddress)  | ney's End" dunflin   | pst of working life, even if retired ) INDUSTRY              |
| ed plet  | 13o           | USUAL RESIDENCE (Where deceosed lived, if institution Residence beforession) STATE 13b COUNTY            |  |  |
| comple<br>comple<br>ove cr   |               | Manyland Jalbot  | (Lighman)  | x "Journey's End"  |
| and rem  | 14.           | FATHER'S NAME First Middle Lost  |  | rrst Middle Lost   |
| s be   | <u> </u>      | Thomas Frank Jones   | Emma Dicke   |  |
| Sicion (   |               | WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (11 yes give wer or dates of service)       |  | Address T. I. I. M.J. M.J. M.J. M.J. M.J. M.J. M.            |
| physical phy | F             | res, no, or unknown) fit yes give wal or bores or service) 221–16–                                       |  | Jones, Telahman, Md.   |
| te deoth cer<br>offending p<br>permit. The   |               | 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and PART 1. DEATH WAS CAUSED BY          | (d) lear V he  | BETWEEN ONSET AND FEATH                                      |
| deo<br>ten<br>rmit<br>, or   | L             | IMMEDIATE CAUSE (o)  | areas my   | annes I minuted  |
| of the attention   |               | Conditions, if ony, which gove   | Selenole &   | condia 1/0 10.   |
| y the  |               | rise to immediate couse (a),   | OF CONTRACTOR OF | accept on a  |
| es tho<br>ician.<br>id by<br>il-fran<br>il, crei   |               | stoting the underlying couse   DUE TO, OR AS A CONSEQUENCE   lost.                                       | 51   |  |
| equires<br>physicic<br>signed<br>burial-ti<br>burial, c  | L             | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT   | NOT RELATED TO THE TERMINAL DISEASE ORC  | ONDITION GIVEN IN PART 1(0)                                  |
| ng l   | -             | t 101  |  |  |
| PHYSICIAN: The low requires that the death certificate be executed within 24 hours be hospital or attending physician. The loss been signed by the attending physician and completely filled in by estoched for use as the burial-transit permit. Then please remove carbon papers. Papers, of Health prior to burial, cremation, or removal, and in any event, within 72 hours.   | CERTIFICATION | 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS  | PERFORMED 2Do. AUTOPSY?  | 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING          |
| the hose   | 툍             |  | YES NO   | CAUSES OF DEATH?   |
| cote   |               | 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY  OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Ye  |  | noture of injury in Port 1 or Port 2, Item 18.)              |
| YSICIAN: ospitol or certificate thed for u   | MEDICAL       | (If either, notify medical examiner) P.M.  | 19   |  |
| PHYSICIAN:<br>ne hospitol or<br>his certificate<br>etoched for u<br>Dept. of Heali   | 2             | 21d. INJURY OCCURRED While Not while 121e. PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC. | FACTORY.) 21f. LOCATION Street or R.F.D. No.   | City or Town County Stote                                    |
| the del  | L             | of work of work  | 1952   | 1060   |
| ATENDING etained by the CTOR: After I should be dith the State   | L             | 22a. I certify that (I) (this haspital) attended the dece  | 19 and that in (my) (ever)   | nian deoth occurred on the dote and hour and from the        |
| DR:<br>Bolds:  | 1             | causes stoted obove, (I) (we) (did) (did not) view the   | ne body ofter deoth.   | man additi accomo an me adia and and and and man             |
| OR ATTENI<br>OR ATTENI<br>be retained<br>DIRECTOR: A<br>Should<br>ed with the  | П             | 22b, ABRIURE MANAGER DA  | ANNI DATTENDING WHI M  | ED STAFF 22c. PAJE SIGNED                                    |
| DIRE<br>Be 3<br>Be 3<br>Bed w  | L             | May // // week   | DEGREE PHYS.   | RECTOR LIPHYS. LI 3-160                                      |
| ITAI<br>moy<br>SAL<br>be fi  |               | NAME LYPE) . W 12 00 10  | 22e. ADDITISS  | nie acel nach.   |
| Poge 4 may be retained by the hospital or attending physician.  • Fune 4 may be retained by the hospital or attending physician.  • Fune 4 may be retained by the hospital or attending physician.  • Fune 4 may be retained by the hospital or attending physician and completely filled in all intertor, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72   | 92-           | BUR AL CREMATION 23b. DATE. 23c NAME   | OF CHAMPERY OR CREMATORY   | 23d LOCATION (City or Town) (County) (Stote)                 |
| E E E  | 230.          | BURAL CREMATION 23b. DATE 23c NAME Ti  | obnan  | 23d LOCATION (City or Town) (County) (Stote)  7ilghman, Md.* |
|  | 24.           | FUNERAL DIRECTOR ADDR  | SS 2So. REC'D B  | Y REGISTRAR 256 REGISTRAR'S SIGNATURE                        |
| VR A15 [4]<br>30M REV 1/68   |               | MURICE E. NEUWAM & SON, East   | on, Md. DATE MA  | Y 9 1968 Julianes July                                       |



|   |               |  |  | MARYLAND                  | STAIE DEPARIMENT OF                | · HEALTH   |   |
|---|---------------|--|--|---------------------------|------------------------------------|--|---|
| 1 |               | 205  | DIVISION OF VI                             | TAL RECORDS, 30           | 1 W. PRESTON STREET, BA            | LTIMORE, MARYLAND 2120                           | )]  |
| • |               | Section .  |  |                           | RTIFICATE OF DEATH                 |  | * 1   |
|   | 1 DE          | CEASED-NAME FI   | rst )                                      | Middle &                  | Lost                               | 20. DATE OF DEATH                                | 2b. HOUR  |
|   | τ)            | ype or print)  | ir (                                       | C K                       | MAIR                               | 5 Month  | Doy Yeor S 10 A M   |
|   | 3. SE         | X  | 4. RACE                                    |                           | S. DATE OF BIRTH                   | 6. AGE (In years                                 | F UNDER 1 YEAR F JINDER 24 HRS,<br>MONTHS 1 DAYS HOURS MIN. |
| ı |               | Male   |  | White                     | July 6, 1                          | 899 lost hirthday)                               | YRS MONTHS DAYS HOURS MIN,                                  |
|   | 7o. §         | IRTHPLACE (State or foreign                              | 7b. CITIZEN OF WHAT                        | COUNTRY? B.               | MARRIED NEVER MARRIED              | 9. COUNTY OF DEATH                               |   |
|   | COUL          | Balto. Md.   |  | A                         | VIDOWED DIVORCED                   | 114-10-  | Md.   |
| X | 10 0          | TY OR TOWN OF DEATH                                      | (1 NAME                                    | OF HOSPITAL OR INSTIT     | JTION (If not in hospital 120. U   | SUAL OCCUPATION (Kind of work of most of work of | one 126 KIND OF BUSINESS OR ed.) INDUSTRY                   |
|   | l             | HOTON  |  | et oddress) Evno R. V.    | HOSPITA PO                         | most of working life, even if returned           |   |
|   | 13o<br>odmi   | USUAL RESIDENCE (Where decision) STATE                   | eosed lived, it institution<br>13b. COUNTY | Residence before 13       | CITY OR TOWN 13d. INSIDE CO        | NO 2 13e. STREET AND NUMBE                       | K   |
|   | 14 7          | Delawa ATHER 5 NAME First                                | Middle                                     | Lost                      | 15 MOTHER'S MAIDEN NAM             |  | le Lost   |
|   | 14, 1         |  |  | LOSI                      |                                    |  | 16 1021   |
|   | 16n           | Louis WAS DECEASED EVER IN U.S. /                        | Kotmair                                    | b. SOCIAL SECURITY NO.    | 17. INFORMANT                      | el Creamer                                       | uss   |
|   |               | es, no, or unknown) (If yes gi                           | re war or dates of service)                |                           | Mr. Theodore                       | Duvall 904 Con                                   | rtney Rd.   |
|   |               | 18 CAUSE OF DEATH (Enter                                 | only one rouse per line                    | for (a) (b) and (c))      |                                    | TOTAL EXAMINER'S CASE                            | APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH                |
|   |               | PART I. DEATH WAS CAU                                    |  | roncho                    | sane um emiliar                    | NEDICAL EXAMINER'S CASE                          | BUTTER CHIEF KIND GENTY                                     |
|   |               | 7230 IMME  | 1,   | A CONSEQUENCE OF          | A Your Sa                          | WIED ON  | 131   |
|   |               | Canditions, if any, which gas                            | (e) , C.                                   | contan                    | cous Strace                        | turel  | 40. Uncerta:  |
|   |               | rise to immediate couse (a<br>stating the underlying cou | ),(  | CONSEQUENCE OF            |                                    | F WARMEN DE BY EXAMINE                           | (En   |
|   |               | lost   | _) (c) .5                                  | diopa                     | thic este                          | THE TASE TABLE ALL EXMIN                         |   |
|   |               |  | CONDITIONS CONTRIBUTIN                     | G TO DEATH BUT NOT        | RELATED TO THE TERMINAL DISCHAR    | OR CONDIDION GIVEN IN PART I(o)                  | 0 :   |
|   | 8             | Multip   |  |                           | e compress                         |  |   |
|   | B             | 190. DATE OF OPERATION                                   | 9b. CONDITION FOR WHICH                    | OPERATION WAS PERFO       |                                    | CAUSES OF DEATH?                                 | NGS CONSIDERED IN CERTIFYING                                |
|   | CERTIFICATION | 210 ACCIDENT WAS UNDERL                                  | YING 216 TIME OF IN                        | IIIDA                     | _                                  | inter nature of injury in Port 1 or Po           | art 2 Item 181  |
|   |               | OR CONTRIBUTING CAUSE OF                                 | DEATH HOUR A.M.                            | Month Doy Yeor            | ZIC NOW INJURI OCCURRED (E         | ruler include of infinity in Lott 1 of Le        | ni z, nont tuj  |
|   | MEDICAL       | (If either, notify medical exc<br>21d. INJURY OCCURRED 2 | TA DIACE OF INHIDY AT                      | HOME FARM, STREET, FACTOR | Y.) 21f. LOCATION Street or R.E.D. | No. City or Town                                 | County State  |
|   |               | Wh.le Not while of work                                  | Of Office of March                         | FFICE BUILDING, ETC.      | Jan. Cooking Steel of Kills.       | 10 W W   |   |
|   |               | 22a L certify that (I)                                   | this haspital) atten                       | ded the deceased          | fram 5-15                          | 968, to 5-22                                     | , 1968_, that (1) (we) last                                 |
|   |               | saw the deceased   | alive an 5-2                               | IY.                       | S, and that in (my) (aur)          | apinian death accurred an th                     | ie date and haur and fram the                               |
|   | 1             | causes stated abo  | ve, (() (we) (did) (d                      | id nat) view the ba       | dy atter death.                    |  | DD. DATE CIONED   |
|   |               | 22b. SIGNATURE   | tw. Tre                                    |                           | DEGREE PHYS                        | MED STAFF DIRECTOR PHYS.                         | 22c. DATE SIGNED 5-22-68                                    |
|   |               | 22d PHYSICIAN S  | N 44. 11.00                                | <del>~~~</del>            | DEGREE PHYS L3                     | DIRECTOR L PHYS. L                               | 7-22 46   |
|   |               | NAME (Type)  |  |                           | Ayayy, roomerabiled                |  |   |
|   | 230           | BURIAL CREMATION, 23                                     | Bb. DATE                                   | 23c. NAME OF CEA          | METERY OR CREMATORY                | 23d. LOCATION (City or Town)                     | (County) (State)  |
|   |               |  | 5 25 68                                    | Ho                        | y Cross                            | Brooklyn, A.                                     | A. Co. Md.  |
|   | 24.           | FUNERAL DIRECTOR   | ully 1                                     | 30 E. For                 | 250. REC                           | D BY REGISTRAR 1968 REGIS                        | Charles Judge   |
|   | 1             | MC U   | المر الإسلامات                             | JU DE TUK                 | A VO                               | Service C. C. B. RUUU /                          | · // //   |



| ( A.M.   | ١             | 2  | MAKIL  | AND STATE DEPARTMENT                  | I OF REALIN   |   |
|--|---------------|--|--|---------------------------------------|---|---|
| (AVV )   |               | T4 #17 T47   | DIVISION OF VITAL RECORI                       | DS, 301 W. PRESTON STREET             | T, BALTIMORE, MARYLAND 21201                                  | 20.3  |
|  | ŀ             | Item #11 Film  | #4400 2/11/00 bu                               | CERTIFICATE OF DE                     | ΔTH   | 3.6   |
| 1  | 1 0           | CEASED-NAME SEE FIRST  | 81.131.  |                                       |   | 01 110/10                                       |
| 看 (三)  |               | ype or print)  | Middle   | last                                  | 20. DATE OF DEATH  Month  Pay                                 | Year 25 HOUR                                    |
| 9 5 6 7  |               |  | ះ ខាំ ខ  | Lewis                                 | 5   | 68 50 M   |
| funeral land   | 3. 5          | X  | 4. RACE  | S. DATE OF BIRTH                      | 6. AGE (In years  | IF UNDER 1 YEAR   IF UNDER 24 HRS.              |
| offi<br>he<br>ges<br>acti  |               | Th 7   | 7 23 4 /                                       |                                       | lost birthday)  | MONTHS DAYS HOURS MIN                           |
| ors<br>Page<br>Urs   | 70            | Female BIRTHPLACE (State or fareign                                | 76. CITIZEN OF WHAT COUNTRY?                   |                                       | 700   |   |
| hot hot ho   |               | olk in Living (2) are or rateign                                   | 76. CHIZEN OF WHAT COUNTRY?                    | B MARRIED   NEVER MARRIED             | DC  |   |
| d ii per   |               | Md.  | U.S.   | WIDOWED DIVORCED                      |   | Md.   |
| PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death the hospital or attending physician. The certificate has been signed by the attending physician and campletely filled in by the funeral stacked far use as the burial-transit permit. Then please remove carban papers. Pages, 15 and Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death   | 10 (          | ITY OR TOWN OF DEATH   | 1) NAME OF HOSPITAL Of give street address)    |                                       | 20 USUAL OCCUPATION (Kind of work done                        | 126 KIND OF BUSINESS OR                         |
| (  | 1 -           | Easton   |  | aston Mem. Hosp.                      | during most of working life, even if retired.)  None.         | INDUSTRY  |
| d v<br>arb   | 13a           | USUAL RESIDENCE (Where deceo                                       | sed lived of institution. Residence het        | ore 13c CITY OR TOWN 13d. II          | NSIDE CITY LIMITS?   13e. STREET AND NUMBER                   |   |
| mp mp  | odm           | ssion) STATE   | 135 COUNTY                                     |                                       | □ NO□   307 Muir S  | St.   |
| Jy 60  | 14            | ATHER S NAME First   | Middle Los                                     |                                       |   | lost  |
| e e e la   | 1             | MITTER 3 HAINE FRSI  | middle co                                      | 13 MOMER 3 MAIDEN                     | Gloria  | Lewis   |
| on of the second idea.   |               |  |  |                                       |   | TIGMIA  |
| icic cate  |               | WAS DECEASED EVER IN U.S. AR<br>es, na, ar unknown)   (If yes give | MED FORCES? 16b. SOCIAL SECUR                  |                                       | 307 Muirades.   |   |
| valle valle  |               | ez, iro, or oriotowity   |  | 'iLoria L                             | evis, Cambridge, Md.  |   |
| m d d m  |               | 18. CAUSE OF DEATH (Enter or                                       | nly one couse per line far (a), (b), and       | (d) //-                               |   | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH |
| din din  | L             | PART I. DEATH WAS CAUSE  | D BY:  | maluala                               |   |   |
| dec<br>rmi<br>r, al  |               | 7710 MMEDI   | ATE CAUSE (o)/_//                              | mi iciai o                            |   |   |
| p a ligar  |               | Conditions, if any, which gove                                     | DUE TO, OR AS A CONSEQUENCE                    |                                       | e COV -base   |   |
| t the state of the |               | rise to immediate couse (a),                                       | (0) 25 1997                                    | / /// //                              | else her willy  | ·   |
| by the   |               | stating the underlying cause                                       | DUE TO, OR AS A COMSEQUENCE                    | OF                                    | $\nu$   |   |
| sicis<br>sicis<br>al,  |               | last.  | (c)  |                                       |   |   |
| ing and a special series of the series of th |               | PART 2. OTHER SIGNIFICANT CO                                       | NDITIONS CONTRIBUTING TO DEATH BL              | T NOT RELATED TO THE TERMINAL DIS     | EASE OR CONDITION GIVEN IN PART 1(a)                          |   |
| The law requires th attending physician has been signed by se as the burial-tra h prior ta burial, cre   | 1 -           | 7605   |  |                                       | 4219  |   |
| or the   | 2             |  | CONDITION FOR WHICH OPERATION WA               | S PERFORMED 200. AUTOPSY?             |   | INSIDERED IN CERTIFYING                         |
| the the day  | CERTIFICATION |  |  | YES 💢                                 | NO CAUSES OF DEATH?   |   |
| or a or a te h use   |               | 21a. ACCIDENT WAS UNDERLYI   | NC TOUR OF HUMBY                               |                                       |   | 15 1  |
| JAN<br>al o<br>al o<br>ficat<br>far<br>Hec   |               | TO RECONTENTING TEAMS OF DEA                                       | NG 21b TIME OF INJURY  HOUR A.M. Month Doy Y   |                                       | ED (Enter noture of injury in Port 1 or Port 2, I             | tem 16)   |
| 日常信息店  | MEDICAL       | or CONTRIBUTING CAUSE OF DEA                                       | iner) P.M.                                     | 19                                    |   |   |
| PHYSICIAI<br>he hospital<br>this certificc<br>etached fai<br>Dept. af He   | Z             | 21d. INJURY OCCURRED 21e   | . PLACE OF INJURY ( AT HOME, FARM, STREE       | T, FACTORY.) 21f. LOCATION Street or, | R.F.D. Na. City or Town                                       | County State                                    |
| G PHYSIC<br>the hospi<br>this certi<br>detached  |               | While Not while at wark of wark                                    | a marine administration and                    | /200 2                                | 1.0 7/16  | 10  |
| ATTENDING stained by the CTOR: After the shauld be do the thin the State   |               | 22a. L certify that (I) (th  | nis haspital) attended the deci                | eased from 5/10                       | 1. 19.40, ta 2/1 19   | b( ), that (1) (we) last                        |
| 를 돌 을 돌 을 돌 을 돌 을 돌 을 돌 을 돌 을 돌 을 돌 을 돌  | ŧ.            | saw the deceased o   | alive an<br>e, (l) (we) (did) (did hot) view t | 19, and that in (my) (a               | aur) apinian death accurred an the dat                        |   |
| <b>1</b>   |               | causes stated abov   | e, (I) (we) (did) (did not) view t             | he bady after death.                  |   |   |
| 本部の報道  | ١             | 22b. SIGNATURE   | MIN/I  | * TTEMPINA                            | 220 [   | DATE/SIGNED                                     |
| OR ATTENDIN<br>be retained by<br>JIRECTOR: Affer<br>e 3 shauld be<br>ed with the Star  |               | ().  | III.b(le 1.                                    | DEGREE PHYS                           | MED. STAFF DIRECTOR DIPHYS. D                                 | 17/68   |
| 1 A A B B B B B B B B B B B B B B B B B  |               | 22d. PHYSICIAN S Doct  | er Ali. Mehrizi                                | 22e ADDRESS                           | 36 3 3 3 4  | berech  |
| RA Be  |               | NAME (Type)  | er All. Menrizi                                | Las to                                | on, Maryland 21601 /  | 5/7/66  |
| Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior to   | 230           | RUPIAL CREMATION 236   | DATE 23c, NAME                                 | OF CEMETERY OR CREMATORY              | 23d. LOCATION (City or Town)                                  | (County) (State)                                |
| <b>三</b>   | 200           | PEMOVAL (Specify)  |  |                                       |   | , ,,  |
| 5-5-1  |               |  | 1ay 7,1968 Camb                                | oridge Cemeter                        | v <u>Cambridge Md</u><br>. REC'D BY REGISTRAR 25b REGISTRAR S |   |
| VR AIS VI  | Z4.           | FUNERALI DIRECTOR  | 2/ 2/ 1/2                                      | . 11 11                               |   | JANIAIUKE                                       |
| 30M REV: 1768  |               | your greman  | stemer ourself a                               | me amy ruder, DA                      | TE  |   |

A T | 137 13 A 13 1 A B 1 B 1 F 2 F 2 F 1 B 1 T 1 I

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| _ /  | MARYLAND STATE DEPARTMENT OF HEALTH  |   |
|--|--|---|
| 2 (1)  | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH  | 37.   |
|  | CERTIFICATE OF DEATH   | V   |
| death.   | 1. DECEASED NAME First Middle Last Last 20 DATE OF DEATH Manth 2 Day Years   | 2b. HOUR                                      |
| after death  | Formula (1) in the Company of the Co | JNDER 24 HRS<br>HOURS MIN.                    |
| by the party   |  |   |
| 24 has d in b pers.  | Country) Maryland USA WIDOWED DIVORCED DO COOT   | Md.   |
| xecuted within 24 campletely filled i mave carban paper ny event, within 72  | 10 CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hashiral during prosper yearling with even if retired.)  12b. KIND OF BU INDUSTRY   | SINESS OR                                     |
| uted v<br>mplete<br>re cark  | 13c USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN admission) STATE 13b. COUNTY 129 N." Locust St."  |   |
| iny e  | 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle  | Last  |
| be e<br>n and<br>se re<br>d in a   | Theodone Jones Mantha Blake  |   |
| tificate<br>hysicia<br>n plea<br>val, an   | 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or do'les of service)  218-09-6303 Edward L. Marshall, Sr. Easton, Md.  |   |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.  Page 4 may be retained by the hospital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Ages 1 and 2 should be filled with the State Dept. af Health prior to burial, cremation, ar remaval, and in any event, within 72 hours are death.   | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF rise to immediate cause (a), starting the underlying cause (b)  DUE TO, OR AS A CONSEQUENCE OF (c) Calcufact doubter of the terminal disease of condition of the part I (a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)  PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  20a. AUTOPSY?  YES NO CAUSES OF DEATH?  19 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY  19 CONTRIBUTION CONTRIBUTION PROFESSION P.M. Manth Day Year of While Not While Not While Not While Not While Office Building, Etc.  21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY) (OFFICE BUILDING, ETC. OFFICE BUILDING OFFICE BUILDING, ETC. OFFICE BUILDING OFFICE BU | T AND DEATH Composition Officers IFYING State |
| SPITAL OR ATTEND 4 may be retained 4 may be retained 7 may be retained 7 may be retained 7 may be retained 8 may be retained 9 may be retained 1 may be reta | 22b. SIGNATURE    Decree   ATTENDING   MED.   STAFF   22c. DATE SIGNED   | S   |
| O HOS<br>O FUN<br>Shari  | 23a. BURIA., CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)  REMOVAL SPECIAL STATE SPECIAL SPECIA | (State)                                       |
| 20 VR A13 A13  | 24. FINERALACHOR E. NEWYM & SON, ECONOCON, Md., 250. RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE OF THE REGISTRAR 25b. REGISTRAR'S SIGNATURE OF THE SIGNATURE |   |



| (1)  | 16            | em 8, film G40 division of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201   |
|--|---------------|--|
| 2  | I             | tems#6,7a,b,23a,b,c,d Film#GliOl CERTUFICATE OF DEATH  |
| E ALEX   | 1. D          | CEASED NAME First Middle Lost 2g, DATE OF DEATH 2b, HOUR   |
| pe ( )   | L_            | ype ar print) Little b. MCDANieh MAN 20 1968 243 M   |
|  | 3. SI         | LIGST BY THEORY MONTHS DAYS HOURS MAIN.  |
| by the   | 70            | BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? B MADDIED TO NEVER MADDIED TO 9 COUNTY OF DEATH   |
| in bars.   | COU           | BIRTHPLACE (State or fareign 76 CITIZEN OF WHAT COUNTRY?   B MARRIED NEVER MARRIED   9 COUNTY OF DEATH   WIDOWED   DIVORCED   9 COUNTY OF DEATH   MIDOWED   1 MIDO |
| filled paper thin 7  | 10. (         | ITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital I 2a. USUAL OCCUPATION (Kind of work done I 2b. KIND OF BUSINESS OR  |
| withi<br>hely fi<br>ban<br>, with  |               | Easton give street address) Mellokiake during most of working life, even if retired) INDUSTRY  |
| ecuted with  |               | USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. HSIDE CITY UNHTS? 13e. STREET AND NUMBER   |
| cecul  | _             | 106 Gleonwood AVE  |
| and<br>rem   | 14, 1         | 0/ / 0 €   |
| ate to   |               | WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Address   |
| requires that the death certificate be executed within 24 hours after death g physician.  signed by the attending physician and campletely filled in by the overally burial-transit parmit. Then please remain carbon papers. Page 13 douts a burial, cremation, or remaval, and in any event, within 72 hours and activity.   | L             | es, no, or unknown) (If yes give wor or dothes of service) 213-24-1552 Perry Me Daniel Faston and  |
| ng p   |               | IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))  PART I. DEATH WAS CAUSED BY.  THE MANUFOLINE CAUSE (a)  COLUMN PLANTAGE CAUSE (a)  |
| te death cer<br>attending p<br>p=mit. Tile<br>ion, or rema   |               | PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) CICLLE PULLYOWARY COCHA FEES  |
| the att  |               | Conditions, if any, which gove) DUE TO, OR AS ACONSEQUENCE OF CONDITION Which gove) THYPORTENSIVE CONDITION SISTEMS - YRS.   |
| hat th<br>n.<br>y the<br>ansit p<br>emati  |               | rise to immediate cause (a),  DUE TO, OR AS A CONSPONENCE OF   |
| es the sicial sicial particular p |               | storing the underlying couse (c) LGFT VENTRICULAR FAILURE TYRS.  |
| equires that th<br>physician.<br>signed by the<br>burial-transit i<br>burial, cremati  |               | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  |
| ding<br>ding<br>seen<br>the<br>ur to   | NO            | DIABETES MELLITUS + OUDDENAL UNCER DISEASE 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 205 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING  |
| DING PHYSICIAN: The law reby the haspital or attending (fer this certificate has been be detached far use as the State Dept. af Health priar ta  | CERTIFICATION | YES NO CAUSES OF DEATH?  |
| PHYSICIAN: The e haspital or attenis certificate has stacked far use o Dept. af Health pi  | 3             | 23a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)   |
| HYSICI,<br>haspire<br>s certifi<br>ached 1   | MEDIC         | (If either, notify medical examiner) P.M. 19   |
| PHYSIC<br>he haspi<br>this certi<br>etached<br>Dept. a   |               | 21d. INJURY OCCURRED While Not while of work at work at work  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. City or Town County State  County State   |
| NG Vy the territorie de de tate  |               | 22a. I certify that (1) (this haspital) attended the deceased from 3027, 1965, to 20 MHY, 1968, that (1) (we) last saw the deceased alive an 1968 and that in (aur) apinian death accurred an the date and haur and from the   |
| END<br>led by<br>Jid by<br>he S  |               | saw the deceased alive an  |
| OR ATTENI<br>be retained<br>DIRECTOR: A<br>e 3 shauld<br>ed with the   | L             | 22b SIGNATURE 2 2 DATE SIGNED  |
| OR DIRE  |               | Sichard J. Jyss DEGREE PHYS. DIRECTOR D |
| O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or O FINERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us   |               | 22d Physician's NAME(Type) Richard F. Tyson , M.D.  22e ADDRESS 22l Glenwood Av. Easton, Md. 2160l   |
| HOS<br>Tige 4  | 230           | BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)  |
| 2 2 2  | -             | FUNERAL DIRECTOR 23/68   |
| 30M REV 1/68   | 1             | Pores Harand Park Dark State Date  |
|  |               | A Property Comments of the Com |



| Control of the Contro | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201   |
|--|---|
| FOR STATE  | MEDICAL EXAMINER'S CERTIFICATE OF DEATH   |
| HEALTH DEPT.   | 1 DECEASED NAME First Middle East 20. DATE KNOWN Month Day Year 2b. HOUR  |
| ~ a € / io   | 1 DECEASED NAME First Middle East 20. DATE KNOWN Month Day Year 2b. HOUR (Type or Print)  Chester Earnest Mercer DEATH MATED 5 31 1968 AV   |
| deloy<br>M3 ood<br>tmer  | 3 SEX A PACE IS DATE OF RIPTH 4 20 C TO AGE HE WOOSE IT UNDER 1 YEAR IT UNDER 24 HRS 27 DATE PROMOUNCED DEAD  |
| M3 M3  | Male Negro Aug. 10. 81 YRS MONTHS DAYS HOURS MAN Month Day Year 1968 A  |
| any<br>2, 2,<br>epor   | 7d BIRTHPLACE (State or fareign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH  |
|  | Maryland USA WIDOWED DIVORCED Talbot  |
| the second   | 10. City OR'TOWN OF DEATH 111 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 1/20 USUAL OCCUPATION (Kind of work dane 1/2b. KIND OF BUSINESS OR  |
| 0 01   | Easton give street address) during most of working life, even if retired) None Working life, even if retired) None  |
| frer d<br>Give<br>ong w<br>ith the   | 130 USUAL RESIDENCE (Where deceased lived, if institut an Residence before 13c CITY OR TOWN 13d IM5/DE (ITY LIM 152 13e STREET AND NUMBER   |
| 2 × 01 × 01 / dec  | admission) STATE Annual Controville XNO 101 Johnstown Lane  |
| hin 24 hours offer order in Item 18. Give niner's Office olong pages 1 and 2 with the hours after death.   | 14 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost   |
| 24 h<br>15 0 s<br>1c s of  | John T. Mercer Eliza Johns  |
| hin 24<br>ncil in<br>niner's<br>poges<br>hours   | 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT C. ADDRESSO YET 17.0 M.G.   |
| l with<br>n pen<br>Exami<br>File p   | (Yes, no, or unknown) (Hyes g-a war or dates of service) 218 05 4343 Beatrice Mercer 101 Johnstown Lane   |
| A E E E  | 18 CAUSE OF DEATH (Enter an y one cause per line for (a), (b), and (c))  APPROXIMATE INTERVAL BETWEEN OWSEL AND DEATH   |
| cute<br>and<br>dica<br>with  | PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Deta Ite molytic Strep Septicemia 24 ILCS.   |
| Me Me  | DUE TO, OR AS A CONSEQUENCE OF ADSCESS OF eldow 2 weeks   |
| be<br>pe<br>nief<br>ansid  | (Conditions, if any, which gove) (b) Dehydration  |
| ord<br>ord<br>ord<br>l-fr  | Inserto immediate cause (o), (b) State y and the under ying cause DUE TO, OR AS A CONSEQUENCE OF  |
| should we will be on in o  | (dst. (977)   |
| te te the the the the the the the the th   | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)   |
| fica<br>hing<br>rider<br>os<br>os  | i-lateral gangrene of feet due to solf-applied rubber bands   |
| wrii<br>wrii<br>rwo<br>rwo<br>sed  | 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED?  |
| Tr. DICAL EXAMINER: This certificate should be executed within 24 hours offer death by, please execute the certificate, writing the word "pending in pencil in Item 18. Give Pageral director. Page 4 should be forwarded to the Chief Medical Examiner's Office olong with be retained for your files.  **AL DIRECTOR: Page 3 should be used as oburial-transit permit. File pages land 2 with the stapent to burial, cremation, or removal, and in any event within 72 hours after death.  | E NO □  |
| or Jed 1   | 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A M 21c. HOW INJURY OCCURRED (Enter nature of in, ury in Port 1 or Port 2, Item 18.)                      |
| INER:<br>e cert<br>should<br>files.<br>3 shou  | CAUSE OF DEATH P.M. 19  |
| MIN<br>The<br>The<br>mat   | The fact of month far month, study  |
| olcal Examiner:<br>se execute the cert<br>sctor. Page 4 should<br>ned for your files.<br>tECTOR: Page 3 should<br>burial, cremation.   | AT WORK AT WORK   |
| VI E<br>Xecu<br>For<br>for<br>OR: I  | 220. I certify that I taak charge of the remains described above, held an Autopsyze, Inspection , Inquiryze, and in my apinion  |
| E Gerale E   | deoth resulted fram. Natural causes 🗽 Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined monner 🔲  |
| pleose directs directs retaine or to b   | CH EF MED CAL EXAMINER  |
| AL AL  | ACTUAL SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER   22b. DATE SIGNED 6/3/68   |
| Song<br>Song<br>Song<br>Y by<br>V by   | EXAMINER'S Design Cl. Bodynost Tourism  |
| necessory, please execute the funeral director. Page 4 5 may be retained for your to FUNERAL DIRECTOR: Page Hroth prior to burial, crem  |   |
| 01<br>0  | 236 BURIAL (REMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) Queen (State)  BENDYAL (Remation, City or Town) Queen (State)  Chesterfield Centreville Anne Marylan |
| A.   |   |
| VR A15ME [5]   | 420 Dover Street  |
| 10M REV 1768   | Barbara L. Dashiell Easton, Maryland DATE JUN 5 1968 fclionles Junge  |

MARYLAND STATE DEPARTMENT OF HEALTH



| DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  |            |
|--|------------|
|  | . 3        |
| FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH  |            |
| HEALTH DEPT.  1. DECEASED-NAME ROBERT'S HARRIS Middle MITCHELTUS LOLD 20 DATE KNOWN Month Doy Yeor OF ESTI- DEATH MATED 5 12 196   | 2b. HOUR   |
| 3 SEX 4 RACE S DATE OF BIRTH 6 AGE IN YOUR 15 UNDER 24 HRS 20 DATE PRONOUINCED DEAD  | 2d 100P    |
|  | 333M       |
| 70. BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 6. MARRIED NEVER MARRIED 9. COUNTY OF DEATH Tallot.   |            |
| COUNTERFOLK, Va. USA VERFARATEDORCED KXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   | Md         |
| COUNTORFOLK, Va. USA  VERPARATEDORGED  (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  |            |
| 130 USUAL RESIDENCE (Where deceosed I ved of institution; Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER  |            |
|  |            |
|  | te         |
| TOTAL CONTRACTOR OF TOTAL  |            |
| The second of the social security no informant ADDRESS (Yes, no, or unknown) (typs; give says girld dots of server) 217 O.5 5789 Delocated William Delocated the second of the social security no information of the second of the |            |
| 16b SOCIAL SECURITY NO 217-05-5788 Delores M. Hill, Federalsburg, Maryland Process M. Hill, Federalsburg, M. Hill |            |
| The first of the first one of the first  |            |
| 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)   |            |
| AND DEED TO THE CONSTRUCTION OF AN A CONSEQUENCE OF RIGHT temporable Conditions, if only, which gove )   |            |
| Conditions, if ony, which gove inse to immediate course (a), (b) 1011 Provide Time Time Time Time Time Time Time Tim   |            |
| stoting the underlying couse of lost   |            |
| 15 0 D 3 E   |            |
| PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  190. DATE OF OPERATION  190. DATE OF OPERATION  190. DATE OF OPERATION  20 AUTOP  WAS PERFORMED?  210. EXTERMAL CALISE WAS  210. EXTERMAL CALISE WAS  211. EXTERMAL CALISE WAS  212. EXTERMAL CALISE WAS  213. TIME OF NUISY Month Day Year  214. HOW INVERY OCCURRED (Severation of the part 1(0))   |            |
| 196 CONDITION FOR WHICH OPERATION 20 AUTOP   | (٧2        |
| 190. DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION 20 AUTOP WAS PERFORMED?   |            |
| 4 5 9 9 9 1 12   | NO 🗀       |
| TO BE WARRY TO BE CONTRIBUTION  |            |
| PR MARY TO CONTRIBUTING DO CONTRIBUTING DO CAUSE OF DEATH  CAUSE OF DEATH  21d NURY OCCURRED 21e PLACE OF NURY (At home, form, street, 21f LOCAT ON Street or RFD No City or Town County   | Stote      |
|  | 31016      |
| 22a. 1 certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in i  | ny apinian |
| 22a. 1 certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in a death resulted from. Natural causes , Accident , Suicide , Hamicide , Undetermined manner  | nj opinion |
| CHIEF MEDICAL EXAMINER   |            |
| ACTUAL SIGNATURE   |            |
| SIGNATURE  SIGNATURE  SIGNATURE  M.D. ASSISIANI MEDICAL EXAMINER  EXAMINER'S  NAME (Lyce) 133 C 1 0 1 2 2 3 4 3 5 5 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |            |
| O O EE O TANK TANK TANK TO THE TANK THE | 10 40      |
| 230 BURIA, (REMATION, PRINCIPLE PRINCIPLE) 231 DATE 231 NAME OF CEMETERY OR (REMATORY 231 LOCATION (City or Town) (County)   | (Stote)    |
| REMOVA (Specify) Burial May 16,1968 Federal Hill Cemetery Federalsburg, Maryland 24 FUNERAL DIRECTOR  ADDRESS 1250, REG. BY REGISTRAR & DOWN REGISTRAR & SUCNATURE VICE  |            |
|  | Jan.       |
| Trampton Funeral Home Federalsburg Md. Date MAI I OF FOR   |            |

8: .

|   |               |   |  |                                   | DEPARTMENT O                       |   |                                |                            |                             |
|---|---------------|---|--|-----------------------------------|------------------------------------|---|--------------------------------|----------------------------|-----------------------------|
| 1   |               | :607  | DIVISION OF VITAL RE   |                                   | CATE OF DEAT                       |   | AND 21201                      | . >                        |                             |
| - 8-  | 1 DF          | CEASED-NAME First   | Mide   |                                   | Last                               | 2g. DATE OF DEA   | (TH                            | /                          | 2b. HOUR                    |
| after death<br>he fitheral<br>ges, f and 2<br>affer death   |               | ype or print) Leona   |  |                                   |                                    | 5   |                                | 1968 ar                    |                             |
| a de la company   | 3. SE         |   | 4 RATE   | 702                               | S. DATE OF BIRTH                   | 6.  | AGE (In years                  |                            | F UNDER 24 HRS              |
|   | 1             | emale   | White  |                                   | 4/18/191                           | 14  | ost <u>b</u> ýthdoy)<br>54 YRS | MONTHS DAYS                | HOURS MIN                   |
| - B - B   | 70. E         | IRTHPLACE (Stote or foreign   | 7b. CITIZEN OF WHAT COUNTRY                                    | 9 8. MARRIED                      | NEVER MARRIED                      | 9. COUNTY OF DEA  |                                |                            |                             |
| Pers 4 h  | caur          | J.( .   | USA  | WIDOWED                           | L_/ 1-24                           | Talbo   |                                |                            | Md.                         |
| within you  |               | ITY OR TOWN OF DEATH  Trappe (rura)   | give street address  |                                   | during                             | USUAL OCCUPATION (Kir<br>g most of warking life,<br>I OUS CUORR | , even if retired )            | 125 KIND OF BI<br>INDUSTRY | JSINESS OR                  |
| ecuted w campletel lave carb  |               | USUAL RESIDENCE (Where deceo  | sed lived, if institution: Residence 13b. COUNTY Talbox        |                                   |                                    | NO 13e STREET   | AND NUMBER                     |                            |                             |
| ate be execute  | 14. F         | ATHERS NAME First Penny H. Draw   | Middle wale.   | Last 1                            | s. Mother's Maiden NAM             |   | M'ddle                         |                            | Lost                        |
| ificate<br>ysician<br>please<br>al, and   | 160.<br>Y     | WAS DECEASED EVER IN U.S. AR  | MED FORCES? 166 SOCIAL   | SECURITY NO. 17.                  | INFORMANT Paul & Moc               | one: Trans  | Address<br>e. Nanud            | and.                       |                             |
| law requires that the death certificate be executed within 24 haurs nding physician.  been signed by the attending physician and campletely fresh by the sthe burial-transit permit. Then please remave carbor papers to tar ta burial, crematian, ar remaval, and in any event, within a hours |               | 18. CAUSE OF DEATH (Enter of  | nly ane couse per line for (a), (b<br>ED BY-<br>IATE CAUSE (a) | ), ond (c).) etricular            | tacky and                          | 4 Thensile  | ,                              | APPROXIMA<br>BETWEEN ONS   | TE INTERVAL<br>ET AND DEATH |
| that the dearion.<br>by the attenctransit permit<br>cremation, or   |               | Conditions, if any, which gove<br>rise to immediate cause (a),                          | DUE TO, OR AS A CONSECU  | JENCE OF pura any d               | theroselin                         | otic heart  | hime                           | (3/                        | ,                           |
| equies that th<br>physician.<br>signed by the<br>burial-transit i<br>burial, cremati  |               | stating the underlying couse last.  | DUE TO, OR AS A CONSEQU  |                                   |                                    |   |                                |                            |                             |
| law requires<br>nding physici<br>been signed<br>s the burial-<br>iar ta burial,   | ×             | PART 2. OTHER SIGNIFICANT CO  | INDITIONS CONTRIBUTING TO DEA                                  | TH BUT NOT RELATED T              | ) THE TERMINAL DISEASE             | OR CONDITION GIVEN IN   | PART 1(a)                      |                            |                             |
| The atternate to the has se as the har  | CERTIFICATION | 190. DATE OF OPERATION 196  | . CONDITION FOR WHICH OPERATIO                                 | ON WAS PERFORMED                  | 20a. AUTOPSY? YES NO               | 20b IF YES<br>CAUSES OF   | , WERE FINDINGS CO<br>DEATH?   | ONSIDERED IN CER           | NFYING                      |
| CIAN: The itol ar at ifficate ho for use J for use at Health  | MEDICAL CER   | 21a. ACCIDENT WAS UNDERLYI or contributing Cause of DEA (If either, natify medical exam | ITH HOUR A.M. Month Do   | by Year                           | OW INJURY OCCURRED (               |   | Part 1 or Part 2,              | Item 1B.)                  |                             |
| G PHYSICIAN the haspital this certifical detached far te Dept. af He  | ME            |   | PLACE OF INJURY (AT HOME, EARN<br>OFFICE BUILDIN               | A, STREET, FACTORY.) 21f. Li      | OCATION Street or R.F.D            | ). Na. City ar  | lawn                           | County                     | State                       |
| t ATTENDING PHYSICIAN: retained by the haspital ar ECTOR: After this certificate is shauld be detached far with the State Dept. af Heal   |               | 22o. I certify that (I) (the saw the deceased   | his hospital) attended the<br>olper on                         | deceased from.                    | 17 frb., 1<br>d that in (my) (our) | opinion deoth occi  | May 19, 19, urred on the do    | thot (                     | I) (we) lost<br>nd from the |
| O HOSPITAL OR ATTENDING PHYSICI<br>Page 4 may be retained by the haspit<br>O FUNERAL DIRECTOR: After this certification, page 3 shauld be detached  |               | 22b. SIGNATURE  | Marris Lee   | MD. DEG                           | ATTENDING >-                       | MED. S  | TAFF 22c                       | DATE SIGNED                | 8                           |
| FITAL of may be the post of the file  |               | 22d PHYSICIAN'S THO   | PRSTON HA.   | RRISIN                            | 22e. ADDRESS                       | astru, M  | lary lan                       | de!                        |                             |
| TO HOSPITAL Page 4 may TO FUNERAL director, page  | 23a.          | BURIAL CREMATION. 23b. REMOGRALISMENTAL 5/  |  | name of cemetery or<br>unding Nec | k                                  | 23d LOCATION (  | n. Md.                         | (Caunty)                   | (Stote)                     |
| VR A15 (4)<br>30M REV 1/68  | 24            | FUNERAL DIRECTOR INJURICE E. NE   | UNAM & SON, E.   | aston, Md.                        | 2Sa. REC                           | C'D BY REGISTRAR<br>MAY 2 1 198                                 | 25b. REGISTRAR'S               | SIGNATURE Jus              | ye.                         |

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| 1  | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201   |
|--|---|
| FOR STATE  | AMEDICAL EVAMINED'S CEDTIFICATE OF DEATH  |
| HEALTH DEPT  | 1 DECEASED NAME First Madde Los A 20 DATE KNOWN Month, Doy Year 25 HOUR   |
| and the same of th | (Type or Print) audrew W. Pastles, JR OF ESTI DEATH MATED J 18-58 PM  |
| Page   | 3 SEX 4. RACE /) S DATE OF BIRTH , 6 AGE (In years IF UNDER 1 YEAR I II UNDER 24 HRS 2c DATE PRONOUNCED DEAD / 2d HOUR  |
| Iny delay is 2, and 3 to 2, and 3 to 2, and 4 to 2, and 5 to 2, and 5 to 2, and 5 to 2, and 6 to 2, an | W Cot. 5-18-16 5 MONTHS DAYS HOURS MAN MONTHS Day 7 YEAR 1968 86 M  |
| 2 2 0  | 70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH  |
|  | COLINTY) DEL. USA WIDOWED DIVORCED DIVORCED MA  |
| after death S. Give Pages 1. slang with form   | 10 CITY OR TOWN OF DEATH    NAME OF HOSPITAL OR INSTITUTION (1 not in hospital)   120, USUAL OCCUPATION (Kind of work done)   12b KIND OF BUSINESS OR during most of working life, even if retired.)   INDUSTRY   |
| or do  | Eur for Multiplication TRUCK DE VER   |
| will lea   | 30 USUAL RESIDENCE (Where deceosed lived, it institut on: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER OF 13b COUNT APOLICE DENTON YES RING 509 14-15-14  |
| hours Iftem 13 Office I and 2 office office  | 14 FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Lost  |
| 14 s l s s c s   | ANDREW W. Fostles, SR, CLARA E. Smith   |
| hin<br>nicit<br>nines<br>page<br>hau   | (Yes. no. or unknown) (I yes give wor or dotes of security NO 17. INFORMANT ADDRESS (Yes. no. or unknown) (I yes give wor or dotes of security NO 17. INFORMANT ADDRESS (Yes. no. or unknown) (I yes give wor or dotes of security NO 17. INFORMANT ADDRESS (Yes. no. or unknown) (I yes give wor or dotes of security NO 17. INFORMANT ADDRESS (Yes. no. or unknown) |
| t with per Exam File   | APPROXIMATE INTERVAL  |
| should be executed in a ward "pending in a the Chief Medical E. burial-transit permit. Fire any event within   | PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)  |
| exect ending the service of the serv | DUE TO, OR AS A CONSEQUENCE OF MUltpole internal injuices.  |
| be exe   | Conditions, if ony, which gove (b) including left le populationax -nu ri it   |
| vard<br>vard<br>ve Ct<br>al-tra<br>any   | storing the underlying couse \ DUE TO OR AS A CONSEQUENCE OF DIEU LOIL OF AX DEBUDELLOIP COURSE \ 11V6F &   |
| sho<br>ne w<br>a th<br>burri   | (a) retoperitoneal hotorries rupture of beth pretin   |
| inate in the ded to ded to as a b  | PART 2 OTHER SIGNIFICANT CONDITIONS CONTR.B.TING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR (ONDITION GIVEN IN PART 1(6)  due auto accident os a xxxxx Driver  |
| ritin<br>ritin<br>vard   | 196 CONDITION 196 CONDITION POR WHICH OPERATION 20 AUTOPSY?  WAS PERFORMED?   |
| his certifu<br>ate, writtra<br>e farward<br>be used a<br>remaval,  | none WAS PERFORMED? YES NO  |
|  | 21b EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of nury in Port ) or Port 2, Item 18)  |
| NER: T<br>certifica<br>hauld b<br>nes.<br>shauld a   | FRIMARY TO OR CONTR BUTING 17: 60 18 thrown from car after having been hit  |
| (AMINER:<br>e the cert<br>e 4 shaule<br>rour fires.<br>age 3 shau  | Z1d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street 21d LOCATION Street or R.F.D. No. City or Town County State  |
| EXAMINER: cute the cert age 4 shauld your fires. Page 3 shauld. crematian.   | while Not white to hot white to foctory, office building, etc.) and street 6th and Franklin Denton Caroline M d   |
| cal E executor. Page far CTOR: burial,   | 220. I certify that I took charge of the remains described above, held an Autopsy 🔀, Inspection 📋, Inquiry 🔲, ond in my opinion   |
| Sic e citar citar ned ned i bu   | deoth resulted from Natural couses, Accident, Suicide, Homicide, Undetermined manner  |
| please<br>direct<br>direct<br>netaine<br>DIREC   | ACTUAL CHIEF MED CAL EXAMINER COST DATE SIGNIST   |
| ssary, price | SIGNATURE ADJUST MEDICAL EXAMINER 220. DATE SIGNED  |
| o DEPUT<br>necessary<br>the funer<br>5 may be<br>0 FUNER.  | MANUAL Clarest city town or country   |
| O DEPUTY—DICAL Enecessary, please exect the funeral director. Pa 5 may be retained far O FUNERAL DIRECTOR: Health priar to burial.   | 230 BUR'AL (REMAT ON 23b DATE . 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (Store)  |
| <u> </u>   | BURIAL 5/11/68 WILLIAMSVILLE HOUSTON, KENT, DEL.  |
|  | 24 FUNERAR DIRECTOR 285, REGISTRAR SIGNATURE 1  |
| VR A15ME [5]<br>10M REV 1768   | Tewis RM Mc Gratt Harrington, Del. DATE NAV 19 1968 Milliantes Judges   |

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|  |               | MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201   |  |
|--|---------------|--|--|
|  | Ι.            | and the state of t | 110  |
|  |               | Item#11,FilmG401 6/5/68km CERTIFICATE OF DEATH   |  |
| death death  |               | DECEASED-NAME First Middle Lost 2a DATE OF DEATH (Type ar pnnt) Day  | Year 2b. HOUR                                |
| funer<br>  dr  | 3. 51         | EX 4 RACE ( S. DATE OF BURTH 100 3 6 AGE (by years I if under  | LI YEAR I IF UNDER 24 HRS.                   |
| urs after deat<br>by the funeral<br>Pages I and<br>purs after deat   | L             | - W DRR. 19, 1843 IOST THE MONTHS  | DAYS HOURS MIN                               |
| 24 hours after death<br>demby the funera-<br>tives Pages 1 and 3   |               | BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED 1   | Md   |
|  | 10. (         | CITY OR JOWN OF DEATH  II NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired)  II NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired)  INDU  | KIND OF BUSINESS OR<br>ISTRY                 |
| ATENDING PHYSICIAN: The low requires that the deoth certificate be executed within etained by the hospital or attending physician.  CTORI After this certificate lies been signed by the attending physician and completely fell should be detached far use as the burial-transit permit. Then please remove carbier in the State Dept. of Health prior to burial, crematian, or removal, and in any event, which  | 130<br>adm    | USUAL RESIDENCE (Where deceased lived, if instriction: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIM 157 13e. STREET AND NUMBER INSIDE OF LIM 157 13b COUNTY, EDIT APARE SETTEMBER 13b COUNTY, EDIT APARE SETTEMBER 13b COUNTY, EDIT APARE SETTEMBER 13c STREET AND NUMBER   |  |
| ond cor<br>remov   | 14.           | FATHER'S NAME First Midble Lost 15. MOTHER'S MAIDEN NAME First Middle  | Lost   |
| e be   | ļ.,           | REWISED DUCKLE EMMA CANNON   |  |
| e deoth certificate be attending physician permit. Then please an, or removol, and   | 100           | O WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or infragran) (If yes give wor or dates of service) 16b SOCIAL SECURITY NO. 17 INFORMANT NORMAN PSNO ET CHESTS  | ANNE MO                                      |
| h cer  |               | 18. CAUSE OF DEATH (Enter only one couse per line for (p), (b), and (c)) PART I. DEATH WAS CAUSED BY.  | APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH |
| deof<br>rend<br>mit.   |               | IMMEDIATE CAUSE (0) Caupen and January   | 2 who  |
| he at<br>per   |               | Conditions, if any, which gave )  DUE TO, OR AS A CONSESSIONEE OF  Conditions, if any, which gave )  (Conditions, if any, which gave )   | 12/  |
| y th<br>onsit  |               | rise to immediate cause (0).   |  |
| es the sician sician bad be all-tro  | 1             | stating the underlying cause   DUE TO, OR AS A CUNSEQUENCE OF  |  |
| aquires that th<br>physician.<br>signed by the<br>burial-tronsit j   |               | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  |  |
| w re<br>ing<br>sen<br>sen<br>rto   | 종             | y 201 distritus mellitus   |  |
| The low ratending attending less been se as the h prior to   | CERTIFICATION | 196. CONDITION FOR WHICH OPERATION WAS PERFORMED  206 AUTOPSY?  YES NO CAUSES OF DEATH?  | D IN CERTIFYING                              |
| N: 7<br>or or<br>ote<br>ir us<br>ealt  |               |  |  |
| A Difference of the part of t  | MEDICAL       | Grant Contributing Cause of Geath HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19  |  |
| O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed very be retained by the hospital or attending physician.  O FUNERAL DIRICTORIA After this certificate lies been signed by the attending physician and complete director, page 3 should be detached far use as the burial-transit permit. Then please remove cortificate with the State Dept. of Health prior to burial, crematian, or removal, and in any event.  | Z             | White Nat while OFFICE BUILDING, ETC.  | ,  |
| ING<br>by the<br>fifer<br>be d   |               | 22a. I certify that (I) (this haspital) attended the deceased from 1960, and that in (my) (and approximately (ii) (my) (did approximately (iii) (d | , that (I) (wee) last                        |
| END Ped Pild A P |               | saw the deceased alive an 23 feet 1927, and that my my) (aux) apinion death accurred of the date and causes stated above, (1) (we) (did) (did my) view the bady after beath.   | haur and fram the                            |
| ATT ATT  | L             | 22b. SIGNATURE 2   | NED  |
| OR be r  | L             | Warning Marrison M. DEGREE ATTENDING MED. STAFF 1 24   | Lun 68                                       |
| SPITAL<br>4 may<br>IERAL<br>or, pog<br>d be fi   |               | 22d PHYSICIAN'S NAME (Type) THURSTON THRRISIS ON 22e ADDRESS Carter, Many Rank   |  |
| Page 4 may be retained by the hospital or O FUNERAL DIRICTOR. After this certificate director, page 3 should be detached far unshould be filed with the Stote Dept. of Health  | 23            | BURIA FREMATION, 236 DATE MAY 16, 1968 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (Count AFTLLS ON COUNT)  | ty) A(Stote)                                 |
| VR ATD 4   | 24.           | FUNDRA DIRECTOR US MOORE NEW ENTON 250. RECO BY REGISTRAR 256. REGISTRAR'S SIGNATURE MAY 3 1 1968 KOLLOWIE   | JRE C  |
| SOUND ME AS TOO  | 1             | CITIES TO TON DATE MINI 31 1968 LOUGHE   | a ludge.                                     |



|  |               |   | MAKYLAI DIVISION OF VITAL RECORDS   |                          | PAKIMENI OF                     |                     | VIAND 01001             |                 |                      |
|--|---------------|---|---|--------------------------|---------------------------------|---------------------|-------------------------|-----------------|----------------------|
| 1  |               | 27610   | DIAISION OF ALIVE KECOKDS   |                          | TE OF DEATH                     |                     | TLAND ZIZUI             | ,               | b di                 |
| ÷ 72÷  |               | CEASED-NAME First   | Middle  |                          | Lost                            | 2o. DATE OF         | 4                       |                 | 2b. HOUR             |
| to de  | (1            | ype or print) CHARL   | S WINFIELD  | PITCHER                  |                                 |                     | Month Doy               | 1968            | 945 M                |
|  | 3. SE         | Х   | 4. RACE   | S.                       | DATE OF BIRTH                   |                     | 6. AGE (In years        | IF UNDER 1 YEAR | IF UNDER 24 HRS.     |
| 1 2 2 2  |               | Male  | White   |                          | October 29,                     | 1896                | lost birthdoy) 71 YRS.  | MONTHS DAYS     | HOURS MIN.           |
| Pours<br>Pours   | 7o. l         | SIRTHPLACE (Stote or foreign                                    | 7b. CITIZEN OF WHAT COUNTRY?  | 8. MARRIED DO            | NEVER MARRIED                   | 9. COUNTY OF        | DEATH                   |                 |                      |
| 14 h   | COUL          | New York  | USA   | WIDOWED [                | DIVORCED [                      | Т                   | albot Coun              | ty              | Md                   |
| equires that the death certificate be executed within 24 I physician. signed by the attending physicial and completely filled it buriof-transit permit. Then please remove corban paper buriof, cremation, or removal, and in any event, within 72   |               | ITY OR TOWN OF DEATH  | 11. NAME OF HOSPITAL OR II  | NSTITUTION (If nat in    | n haspital 12a. US              | UAL OCCUPATION      | (Kind of work dane      | 12b. KIND OF    | BUSINESS OR          |
| e executed withir and completely fil remove corbon pin ony event, with   | S             | t. Michaels   | ,   |                          | Ret                             | Asst M              | life, even if retired.) | St. H           | OSD.                 |
| ed y<br>plet<br>corl<br>ent,   | 13a.          | USUAL RESIDENCE (Where decease                                  | d lived, if institution: Residence before                                 | 13c. CITY OR TO          | WN 13d. INSIDE CITY             | LIMITS? 13e. ST     | REET AND NUMBER         |                 |                      |
| omi<br>omi   |               | usual RESIDENCE (Where deceose ssion) STATE Maryland            | Talbot  | St. Mich                 | naels YES                       | NO D                | Chew                    | Avenue          |                      |
| all de exe   |               | ATHER'S NAME First  | Middle Lost   | 15. M                    | OTHER'S MAIDEN NAME             | First               | Middle                  |                 | Lost                 |
| ate be<br>icio≡ a<br>lease r<br>and în   |               |   | S. Pitcher  |                          |                                 | A. Birs             |                         |                 |                      |
| ficate by ysiciom of and i   | 16a.<br>Y     | WAS DECEASED EVER IN U.S. ARM                                   | or dates of service)  |                          | RMANT                           |                     | Address                 |                 |                      |
| phy:   |               | Yes Wil   | I 138-30-3  |                          | . Holly C.                      | Pitche              | , St. Mic               | haels.          | Md_<br>WATE INTERVAL |
| he death cei<br>mteniling p<br>permit. The   |               | 18. CAUSE OF DEATH (Enter onl<br>PART I. DEATH WAS CAUSED       | y one couse per line far (a), (b), and (s                                 | A Al                     | 116611                          | 1:16                | Novitte.                | BETWEEN OF      | NSET AND DEATH       |
| enillinit.   |               | IMMEDIA   | TE CAUSE (o)  | SI 7 4                   | relland                         | 1411×119            | MIRLAN                  | 1 15            | Muy                  |
| Te c   |               | 214/11  | DUE TO, OR AS A CONSECUENCE O   | ix il li                 | 1. 1. 6                         | he fin              | um.l.                   | 1. 5            | 101-                 |
| that the<br>an.<br>by the<br>tronsit p   |               | Canditians, if ony, which gave a rise to immediate cause (a).   | (b) 12/11/  | orcil                    | roull                           | <u>Creftlette</u>   | MITCHEN!                | May C           | <u>y</u>             |
| tron<br>cren   |               | stating the underlying cause                                    | DUE TO, OR AS A CONSEQUENCE   | dia                      | 11/1//                          | fre.                |                         | 1/2             | 111                  |
| The law requires the ottending physician. has been signed by se os the buriol-tro. The prior to buriol, cre  |               | lost.   | (c) Man   | <u> </u>                 | runci                           | MI                  |                         | fle             |                      |
| sig<br>bull  |               | PART 2 OTHER SIGNIFICANT CON                                    | DITIONS CONTRIBUTING TO DEATH BUT   | NOT RELATED TO TH        | IE TERMINAL DISEASE OI          | R CONDITION GIVE    | I IN PART 1(a)          | 0               |                      |
| ding<br>ding<br>een<br>the<br>tro  | NO            | 190. DATE OF OPERATION 19b                                      | CONDITION FOR WHICH OPERATION WAS F                                       | EDEODMED                 | 2Do. AUTOPSY?                   | ant it              | YES, WERE FINDINGS C    | ONCIDEBED IN CO | DTIEVING             |
| The law rottending has been se as the h prior to   | CERTIFICATION | 170. DATE OF OPERATION 176                                      | ONDITION FOR WHICH OPERATION WAS I  | EKPUKWED                 | YES NO [                        | CALICIS             | OF DEATH?               | ONSIDERED IN CE | KIIFTING             |
| F of a set X   | CERTI.        | 210. ACCIDENT WAS UNDERLYIN                                     | G 21b. TIME OF INJURY   | 21c HOW                  | INJURY OCCURRED (En             |                     | y in Part 1 or Part 2   | Itam 181        |                      |
| fical of the factor of the fac |               | OR CONTRIBUTING CAUSE OF DEAT                                   | HOUR A.M. Manth Day Yea   | г                        | IIIONI OCCORNED (EII            | iei manure un inqui | y 111 TON 1 OF TON 2,   | manir re.j      |                      |
| rsic<br>spit<br>spit<br>serti<br>hed<br>t. of  | MEDICAL       | (If either, natify medical examinated 11d, INJURY OCCURRED 21e. | er) P.M.  PLACE OF INJURY (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC. | 19<br>ACTORY.) 21f 10CA1 | IION Street or RED N            | do City             | ar Tawn                 | County          | Stote                |
| G PHYSICIAN: The law requires that the death certificate be executed within 24 hour the hospital or attending physician. This certificate has been signed by the miterming physiciam amd completely fille™ in by detached for use as the buriof-transit permit. Then please remove carbon papers. Pte Dept. of Health prior to buriof, cremation, or removal, and in any event, within 72 hour   |               | While Nat while at work of work                                 | OFFICE BUILDING, ETC.   | 7) 2 250                 | 311001 05 16.1.0.1              |                     | w 101111                |                 | 21011                |
| DING<br>by th<br>offer to<br>be do   |               | 22a. I certify that (I) (thi                                    | s hospital Latter det the decea   | sed from Z2:             | 30 190                          | do , to 5           | -9                      | 68 that         | (I) (we) lost        |
| Aff<br>d b<br>d b<br>d b   |               | sow the deceased of   | s hospital attended the decea   | 19 <i>55</i> , and tl    | hat in (my) ( <del>our)</del> o | pinian death c      | ccurred on the do       | te and hour     | and from the         |
| OR one of the the  |               |   | , (I) (upc) (did) (did not) view the                                      | body ofter dec           | ith.                            |                     |                         |                 |                      |
| OR ATTENI be retoined DIRECTOR: A ge 3 should ed with the  |               | 22b. SIGNATURE  | 1/1/1/  | MAR                      | ATTENDING                       | MED [7]             | STAFF C                 | DATE SIGNED     | C                    |
| Dott<br>Dott<br>Dege   |               | 22d, IPHYSICIAN'S   | Willy!  | DEGREE                   | PHYS. 22e. ADDRESS              | DIRECTOR L          | PHYS U 5                | 7/70            | <u> </u>             |
| RAL<br>RAL<br>be l   |               | MARKET (T)  | LANE WROTH, M. D.   |                          |                                 | dichaels            | Maryland                |                 |                      |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 may be retoined by the hospitol or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to   | 220           | BURJAL, CREMATION, 23b. I                                       |   | CEMETERY OR CRI          |                                 |                     | N (City or Town)        | (County)        | (Stote)              |
| Pog H  | 250.          | REMOVAL (Specify)  Burial  Ma                                   |   |                          | rial Park                       |                     | ton. Mary1              | ' ''            | (0.010)              |
| 5-5 07/  | 24.           | FUNERAL DIRECTOR  | ADDRES  | S MEIRO                  |                                 | BY REGISTRAR        | 25h REGISTRAR'S         |                 |                      |
| VR A15 MY<br>30M REV. 13 88  | 12            | anus Co   | Ternand St. h   | richard                  | P. RES DATE                     | MAT 1.5             | 1968                    | carles }        | udge.                |



| D  | /             | * 040   |                     | DIVISION OF V                  | MAKYLAN<br>ZOROJER IATI  | 301 W PI         | DEPAKIME<br>SESTON STRE | NI OF HEA<br>Ft raitimi | ALTH<br>ORF MAR  | YIAND 21                          | 201                |                                   |                 |
|----|---------------|---|---------------------|--------------------------------|--|------------------|-------------------------|-------------------------|------------------|-----------------------------------|--------------------|-----------------------------------|-----------------|
| Ŋ, |               | octilit   | em #                | DIVISION OF V                  | 1400 5/22  | CERTIFIC         | ATE OF D                | EATH                    | OILL, ITIN       | TEMIO E                           | 201                | , (                               | 7               |
| )  |               | ECEASED-NAME<br>Type or print)                  | First<br>Ora        |                                | Middle<br>Delia  | Ro               | berts                   |                         | 2a. DATE OF      | DEATH Month                       | 6 <sup>Pay</sup>   | 68°                               | 2b. HOUR        |
| ,  | 3 SI          |   |                     | 4. RACE                        |  |                  | S DATE OF BIRT          | Н                       | -                | 6. AGE (In ye                     | ars                | F UNDER 1 YEAR                    | IF UNDER 24 HRS |
|    | 3             | 'emale  |                     | Negro                          |  |                  | Unknow                  | m                       |                  | last birthda                      | YRS.               | MONTHS DAYS                       | HOURS MIN.      |
|    | 70<br>(01)    | BIRTHPLACE (Stote or for                        | eign                | 76. CITIZEN OF WHAT            | r Country?   | 8. MARRIED       | NEVER MARRI             | נט                      | COUNTY OF        |                                   |                    |                                   |                 |
|    |               | aryland   |                     | USA                            |  | WIDOWED          |                         | hand                    | Talt             |                                   |                    |                                   | Mc              |
|    |               | Taston  |                     | 86Q.                           | F OF HOSPITAL OR IN  | Road             |                         | during most             | esette<br>Esette | (Kind of work<br>life, even if re | ( dane<br>(tired ) | 12b. KIND OF<br>INDUSTRY<br>IN OX | BUSINESS OR     |
|    | 13o.<br>adm   | usual RESIDENCE (When                           | e deceosi<br>nđ     |                                | Residence before   | 13c CITY OR Clai | rown 13                 | ES W NO                 | .   /// //       | REET AND NUM                      |                    |                                   |                 |
|    |               | ATHER'S NAME Firs                               |                     | Middle                         | Lost   |                  | MOTHER'S MAIC           |                         |                  |                                   | iddle              |                                   | Last            |
|    |               | Eldridge  |                     |                                | Robert   |                  | Harrie                  | t                       |                  |                                   | R                  | ideout                            |                 |
|    | 16o.<br>Y     | WAS DECEASED EVER IN es, no or unknown)         | U.S. ARM            | ED FORCES? 1                   | 6b. SOCIAL SECURITY  | NO. 17 1         | NFORMANT                |                         |                  | Ad                                | dress              | Box F                             | 51              |
|    |               | No  |                     |                                | None   | E                | Lanche                  | Caldi                   | well,            | Clair                             | born               | ne Maj                            | yland           |
|    |               | 18. CAUSE OF DEATH (                            | Enter and           | y one cause per line           | for (a), (b), and (c)  |                  |                         |                         |                  |                                   |                    | BETWEEN D                         | nset and death  |
|    |               | PARIT DEATH WA                                  | IMMEDIA<br>3 CAUSED | TE CAUSE (6) Cut               | e Pulmo  | nary .           | <u>Elema</u>            | wi thkK                 | iney             | 1,377                             | ure                | 3á ay                             | 8               |
|    |               | 4124  |                     |                                | A CONSEQUENCE OF   |                  |                         |                         |                  |                                   |                    |                                   |                 |
|    |               | Conditions, if any, which rise to immediate cau | se (a).             |                                | ronia C  | onges            | tive H                  | eart F                  | <u>'ailu</u>     | re                                |                    | 5 W                               | ]r              |
|    |               | stating the underlying                          | couse               |                                | A CONSEQUENCE OF   |                  | 17 m to 21 4            | - 37.000                | 1                | Di no                             | . 5.0              |                                   |                 |
|    |               | lost /  | ,                   | · · ·                          | erioses  |                  |                         |                         |                  |                                   | . 86               | 3.0                               | yrs             |
|    | 2             | PART 2 OTHER SIGNIFIC Right                     |                     | ni plegia                      |  |                  | THE TERMINAL D          | DISEASE ORCONE          | DITION GIVEN     | I IN PART I(a)                    |                    |                                   |                 |
|    | CERTIFICATION | 19a. DATE OF OPERATION                          | 19b. (              | ONDITION FOR WHICH             | OPERATION WAS PE   | RFORMED          | 20a AUTOPS              | Y?                      |                  |                                   | DINGS CO           | NSIDERED IN CE                    | RTIFYING        |
| L  | TIFI(         |   |                     |                                |  |                  | YES 🔲                   | MO [X]                  | CAUSES           | OF DEATH?                         |                    |                                   |                 |
|    |               | 21a. ACCIDENT WAS UN<br>OR CONTRIBUTING CAL     | DERLYING            | G 21b. TIME OF II<br>HOUR A.M. | NJURY<br>Month Day Year  | 21c. HC          | W INJURY OCCUP          | RED (Enter na           | ture of injur    | y in Part 1 or                    | Port 2, lt         | em 18.)                           |                 |
|    | MEDICAL       | (If either, notify medica                       | Lexamin             | er) P.M.                       | . 1  |                  |                         |                         |                  |                                   |                    |                                   |                 |
|    |               | 21d. INJURY OCCURRED While Not while at work    | 1                   | PLACE OF INJURY (A             |  |                  |                         |                         | ·                | or Town                           |                    | County                            | State           |
|    |               | 220. I certify that sow the dece                | (I) (thi            | s hospitol) <u>atten</u>       | ded the deceas   | ed fram_3        | /13/65                  | , 19                    | _, ta            | /0/63                             | _, 19_             | , that                            | (I) (we) las    |
|    |               | sow the dece                                    | abayo               | ive an(dal) (d                 | 168 1  | 9, and           | I that in (my)          | (our) opinio            | n death o        | ccurred on                        | the dot            | e and hour                        | and from the    |
|    |               | 22b SIGNATURE                                   | ubuve,              | artano (aw) (i)                | TILL TOT I VIEW THE  | budy offer d     |                         |                         |                  |                                   | 22c D              | ATE SIGNED                        |                 |
|    |               |   |                     | 123-12                         |  | DEGR             | ATTENDING PHYS          | MED.<br>DIREC           | TOR 🗆            | STAFF PHYS                        | 5/9                |                                   |                 |
|    |               | 22d. PHYSICIAN'S                                | 7                   | .,                             | COLUMN TO THE PARTY OF THE PART |                  | 22e ADDRE               |                         |                  | 14113                             | 1-11               | 7,200                             |                 |
|    |               | NAME (Type) Dr                                  | . H                 | arold B.                       | Plumme   | r                | Mapl                    | e Ave.                  | Pr               | eston                             | Me                 | rylan                             | d               |
| ١  | 230.          | BURIAL, CREMATION,                              | 23b. D              |                                | 23c. NAME OF   |                  |                         |                         |                  | N (City or Tow                    |                    | (Caunty)                          | (State)         |
| -  |               | REMOVAL (Specify)                               | 5/                  | 11/68                          | Easto  | n                |                         |                         | Casto            | n. Ta                             | 1boi               | t Mary                            | land            |
|    | 24            | FUNERAL DIRECTOR                                | -,                  | '-                             |  |                  |                         | So. REC'D BY RI         | EGISTRAR         | 25h REGI                          | 2.2 SAAST2L        | GNATURE                           |                 |
| 3  | В             | arbara L.                                       | Da                  | shiell 4                       | 126 DOVE   | r St.            | Easton                  | NATE MAY                | 19               | 1968                              | luc                | wee &                             | rose            |

ه . . 2 . . . 1. • • . . - 7-2 . . .

| 1 ·  |                       | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201   |
|--|-----------------------|---|
| -7.  |                       | Lows CERTIFICATE OF DEATH   |
| death.   |                       | ECEASED NAME First Middle Schrutt 20. DATE OF DEATH  Spe or print) Jacob Schrutt 20. DATE OF DEATH  Doy Year 8 10 Manth  Doy Year 8 10 Manth  |
| affer S. affer   | 3. S                  | Male  4. RACE  S. DATE OF BIRTH  Sept. 14, 1919  6. AGE [In years if UNDER I YEAR IF UNDER A HRS MIN]  White  Sept. 14, 1919  6. AGE [In years if UNDER I YEAR IF UNDER A HRS MIN]  White  Sept. 14, 1919   |
| 4 haurs  |                       | BIRTHPLACE (Stole or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH Jack 4 Md  |
| rithin 2   | 10.                   | ETY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work done during most of working life-even if retired continuous tree and the street address).  12b. KIND OF BUSINESS OR INDUSTRY  |
| executed with<br>and campletely<br>remove carbon<br>nany event, with   | 13o.<br>adrr          | USUAL RESIDENCE (Where deceosed lived, if institution: Residence before ression) STATE Md. 13b COUNCAROLINE Greensboro YES None   |
| be exe<br>and c<br>in any  | 14.                   | FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Lost  Frank Schmitt Marie Henschel  |
| ertificate be<br>physician o<br>pen please<br>noval, and i   | 160                   | was deceased ever in us armed forces?  (es, no or unknown)   (Illyst give we) or force of service)   16b SOCIAL SECURITY NO.   17. INFORMANT   Address   217-07-7879   Mabel Schmitt Greensboro, Maryland   |
| The taw requires that the death cathending physician. has been signed by the attending se as the burial-transit permit. The priar ta burial, crematian, ar rem   | MEDICAL CERTIFICATION | IB. CAUSE OF DEATH (Enter only one cause per line for a) (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  (c)  DUE TO, OR AS A CONSEQUENCE OF  (c)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)  190. DATE OF OPERATION  190. CONTRIBUTING OR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  (If either, natify medical examiner)  210. INJURY OCCURRED  APPROX MATE INTERVAL BETWEEN OBJECT AND GRAIN STREET, FACTORY.)  211. LOCATION Street or R.F.D. No.  City or Town  County State  While At work  While At work  OFFICE BUILDING, FTC   |
| TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far u, should be filed with the State Dept. af Healt   |                       | 22a. I certify that (I) (this haspital) attended the deceased from  |
| TO HOS  Page 4  ON WEN 1999  Should be a separate to the separ |                       | BURIAL CREMATION, BENTAL SPECIFY   23d. DATE   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City or Town) (County) (Stote)   5-14-68   Greensboro   Greensboro Caroline, Md.   5   1968   Greensboro   1968   Greensboro |
| V ii   | 17                    |   |

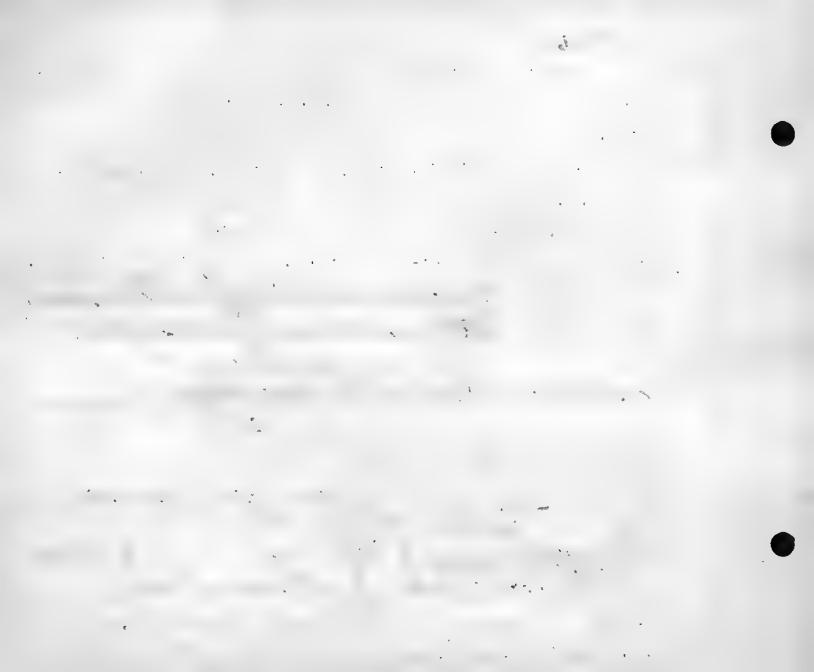


| 1   |               | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201   |
|---|---------------|---|
| •   | L             | CERTIFICATE OF DEATH  |
| funeral funeral for open.   |               | ECEASED NAME (1) First Louis Sparks 20. DATE OF DEATH Day Greg 1/3 M  |
| rs after<br>Nathe fur<br>Sages 1<br>rrs after   | 3. S          | male White June 10, 1901 GG YRS MONTHS DAYS HOURS MIN.  |
| D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fred in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pages 1 and 2 shauld be filed with the State Dept. af Bealth prior to burial, cremation, or removal, and in any event, within 72 hours after deem. | tan           | BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH TALBOT MO  |
| within tely fire within within  | L             | 2.17 OR TOWN OF DEATH  17 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during past of working life, even if retired.)  2.18 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during past of working life, even if retired.)   |
| ecuted with campletely ave carbory y event, wi  | adm           | USUAL RESIDENCE (Where deceased lived, if institution, Residence before 12, CITY OR TOWN, 136 INSIDE CITY LIMITS? 136 ISSUE CITY LIMITS? |
| be ex<br>n and<br>se rem<br>din an  | L             | THERS NAME FIRST MIDDLE SPARKS IS MOTHERS MAIDEN NAME FIRST CORNELIA WATERS   |
| e death certificate b<br>attending physician<br>permit. Then please<br>on, or removal, and i  | 160           | WAS DECEASED EVER IN U.S. ARMED FORCES?  es, not of unknown) (If yes give wor or dotes of service)  16b. SOCIAL SECURITY NO.  17 INFORMANT W. C. Address  22.16.1400   R. Edith Holden Sparks CENTREULLE Med.   |
| th ce<br>ding I   |               | 1B CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Cored Approximate INTERVAL  SETWIEN ORIST AND DEATH  5-93-68  |
| dea<br>ittenc<br>ittenc<br>n, or  | L             | IMMEDIATE CAUSE (a) Corastral Hemotrhage 15-13-68   |
| at the atthe atthe period   |               | (anditions, if any/which page)  |
| equires that the physician. signed by the burial-transit burial, cremati  |               | rise to Immediate cause (a). stating the underlying cause (b) DUE 10. OR AS A CONSEQUENCE OF (c)  |
| requir<br>g phy<br>sign<br>buri   |               | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)   |
| The Taw ratending has been se as the h prior ta   | MOIT          | 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING   |
| The atte  | CERTIFICATION | YES NO TO CAUSES OF DEATH?  |
| O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Bealth prior ta burial, creas  | MEDICAL CE    | 21a. ACCIDENT WAS UNDERLYING  OR COMTRIBUTING CAUSE OF DEATH  (If either, natify medical examiner)  21b. TIME OF INJURY  21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)  19  |
| s PHYS<br>the has<br>this ce<br>detache   | ₹             | 21d INJURY OCCURRED While Not while at wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. City or Town County State  |
| by by Be be Stat  |               | 22a. I certify that (I) (this hospitol) attended the deceased from 5 - 1 + 19 68, to 5 - 1 + 19 68, that (II) (we) lost saw the deceased alive an 5 - 1 + 19 68, and that in (my) aur) apinian death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.  |
| TTEN<br>arined<br>auld<br>the   | L             | causes stated above, (i) (we) (did) (did not) view the body after death.  |
| RECT 3 shall diwiti   | ı             | 226 SIGNATURE  Robert W. Trever, M.D. DEGREE ATTENDING DIRECTOR DIRECTOR DIPHYS. D 5-15-68  |
| TO HOSPITAL OR ATTENDING Page 4 may be retained by the TO FUNERAL DIRECTOR: After the director, page 3 shauld be de shauld be filed with the State  |               | 22d. PHYSICIAN'S NAME (Type) Robert W. Trever, M.D.  22e. ADDRESS Easton, Maryland  |
| IOSP<br>JONER<br>UNER<br>Pector,  | 23o           | RIID AL CREMATION 235. DATE 23. NAME OF CEMETERY OR CREMATORY 226 LOCATION (City or Town) (County) (State)  |
| 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5   | 1             | BY UN 11/14 17, 1968 Chesterfield CEMETERY CENTREVILLE QUEEN WHES MID   |
| VR A15 1768   | 2             | FUNERAL DIRECTOR  POR 13. Barton D. Barton Bear, Contractice, Mil. 21617 DATE MAY 1968 REGISTRAD SCHAPES Judge  |

MAKILAND STATE DEPARTMENT OF REALIT



MAKTLAND STATE DEPAKTMENT OF HEALTH

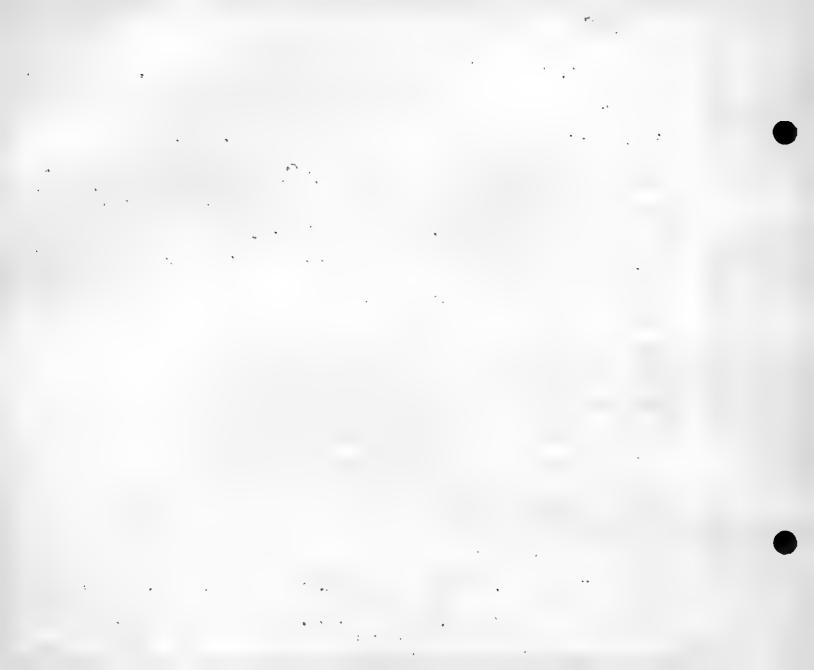


|  |               | 1615   | DIVISION OF VITAL RECORDS,                               | 301 W. PRESTON STREET, BALL                         | IMORE, MARYLAND 21201                         |  |
|--|---------------|--|--|---|---|--|
| X  | ш             | 00010  |  | CERTIFICATE OF DEATH                                |   | J7613  |
| € = <del>2</del> €   |               | ECEASED NAME First   | Middle   | Lost  | 2g DATE OF DEATH                              | 2b. HOUR   |
| deoth<br>deoth<br>deoth  | L             | Type or pant) Carrie   | E.   | Thompson  | Month Day                                     | <b>6</b> 8 M   |
| E  | 3. S          |  | 4. RACE  | S DATE OF BIRTH                                     | Tank boats days                               | FUNDER 1 YEAR ON THE UNITED THE STATE ON THE STATE OF THE |
| 2 4 5 9  | <u> </u> _    | Female   | Negro  | August 5  | 1881 86 "YRS.                                 |  |
| 24 hours after deoth ded in dy the confined age. Pages 172 hour after deoth  | 70<br>cou     | BIRTHPLACE (Stote or foreign<br>Pennsylvania                           | 75. CITIZEN OF WHAT COUNTRY?                             | 8. MARRIED NEVER MARRIED                            | 9. COUNTY OF DEATH                            |  |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \  |               | CITY OR TOWN OF DEATH  | i  | WIDOWED C DIVORCED 12a USE                          | Talbot AL OCCUPATION (Kind of work done       | Md Md  |
| O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 Page 4 may be retained by the hospital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove corban pagests should be filled with the State Dept. of Health prior to burial, cremation, or remayal, and in any event, within 72 is the state of the state | 1             | Easton   | give street oddress)                                     | during.o  | bered Acknud Le Shee in Lefticed)             | 12b KIND OF BUSINESS OR<br>INDUSTRY<br>IN One  |
| d w<br>letel   | 130.          | USJAL RESIDENCE (Where decease   | Easton Me led lived, if institution: Residence before    | morial  |   | 21 022 0   |
| comp<br>ove (  | a drr         | ission) STAMaryland  | 1 13b. COUMAL bot  | 2200 0011 20  | °□ 22 S. Aurora                               | st.  |
| ind (  | 14            | FATHER S NAME First  | Middle Lost  | 15. MOTHER'S MAIDEN NAME                            | First Middle                                  | Last   |
| e be<br>an a<br>sse  |               | Perry  | Bantu  |   |   | Smith  |
| icati<br>/sicia<br>plec  | 160           | . WAS DECEASED EVER IN U.S. ARA<br>(es, no, or unhoown) (II yes give v |  | no 17. INFORMANT<br>2577A Joseph C.                 | Rooting 20 S A                                | aston, Md.   |
| phy hen  | F             |  |  |   | Dantum 22 D. At                               | APPROX.MATE INTERVAL   |
| off of ding  |               | PART I. DEATH WAS CAUSE  | ly one couse per line for (o), (b) and (d) BY: Hear      | t Failure   |   | BETWEEN ONSET AND DEATH  |
| dec<br>offen<br>n, oi  |               | LA IMMEDIA   | are exert (a)  |   |   | yrs  |
| the chiral points  |               | Conditions, if ony, which gove   | (b) Cong   | estive Heart Fa                                     | ilure   | JID  |
| thot<br>bn.<br>by t<br>rans  |               | rise to immediate couse (o), stating the underlying couse(             | DUE TO, OR AS A CONSEQUENCE OF                           | bral Apoplexy                                       |   | days   |
| rres<br>ysíció<br>ned<br>ial-t   |               | last   |  |   |   | days   |
| sign<br>bur  |               | PART 2 OTHER SIGNIFICANT CO  | IDITIONS CONTRIBUTING TO DEATH BUT N<br>rtension         | IOT RELATED TO THE TERMINAL DISEASE OR              | CONDITION GIVEN IN PART 1(a)                  |  |
| oding<br>ding<br>seen<br>the   | S S           |  | CONDITION FOR WHICH OPERATION WAS P                      | ERFORMED 20a. AUTOPSY?                              | 20b. IF YES, WERE FINDINGS CONS               | CIDEDED IN CEDTIEVING  |
| The low requires the attending physicion. has been signed by se os the burial-tranth prior to burial, cre  | CERTIFICATION | THE DATE OF OPERATION  | CONDITION TOR WRIGH OF EXAMON WAS T                      | YES NO T  | CALLEGE OF DEATING                            | SIDERED IN CERTIFIED   |
| or o   | ER!           | 210. ACCIDENT WAS UNDERLYIN  | IG 216 TIME OF INJURY                                    |   | er nature af injury in Part 1 ar Part 2, Iter | m IB.)   |
| CIAL<br>Tiffic<br>of Tiffic  | MEDICAL       | OR CONTRIBUTING CAUSE OF OEAT  | H HOUR A.M. Manth Day Year<br>ner) P.M. 1                | φ   |   |  |
| OR ATTENDING PHYSICIAL be retained by the hospital DIRECTOR: After this certificate 3 should be detoched for led with the State Dept. of He  | ₩.            | 21d. INJURY OCCURRED 21e.  | PLACE OF INJURY (AT HOME, FARM, STREET FA                | CFORY.) 21f LOCATION Street or R.F.D. N             | z. City or Town                               | County State   |
| the third det  |               | gt work at work  |  |   |   |  |
| DIN<br>by<br>be<br>Stol  | 1             | 22a. I certify that (I) (Hi  | KANASPOM) attended the deceas                            | ed from 3/2 , 19<br>1968, and that in (my) (***) ap | DO to 5/3 19 5                                | and hour and from the  |
| TEN<br>ined<br>DR: J   | 1             | causes stated above  | live on 5/3<br>(1) Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q | body after death.                                   | minn acom occorred on the date                | and most and mont me   |
| retores Share  | 1             | 22b. SIGNATURE   | 1942   | ATTENDING -   | MED. STAFF 22c, DAT                           | TE SIGNED  |
| PR PR  |               | Sieblud  | , s, syon  | DEGREE PHYS   | DIRECTOR L PHYS. L 5                          | 6-68   |
| RAL<br>RAL<br>Po<br>be f   |               | 22d PHYS CIAN S<br>NAME (Type) Rich                                    | ard F. Tyson   | 22e. ADDRESS  | wood Ave. Easto                               | m Ma 01601   |
| Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filled with the State Dept. of Health prior to  | 230           | BURIAL, CREMATION, 23b.  | 7 / W W W W W W W W W W W W W W W W W W                  | CEMETERY OR CREMATORY                               |   | (County) (State)   |
| O O O O O O O O O O O O O O O O O O O  | F             | DEMOVAL (English)  |  |   |   |  |
|  | 24            | FUNERAL DIRECTOR   | ADDRES:  | Maryland 250. RECD                                  | BY REGISTRAR 2Sb. REGISTRAR'S S               | GNATURE  |
| VR A15 (4)<br>30M REV 1/68   | B             | arbara T. Da   | chi 011 /26 Dove   | r St. EastonwellA                                   | 1 9 1968 Eclian                               | es Judge   |

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Middle 2a. DATE OF DEATH 25. HOUR O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. (Type or print) 45 3 SEX 4. RACE S. DATE OF BIRTH 6. AGF (In years OF JINDER 1 YEAR IF UNDER 24 HRS lost birthday) DAYS 70 BIRTHPLACE (State or foreign 7b, CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED [ burial-transit permit. Then please remave carbon paper burial, crematian, ar remaval, and in any event, within 72 and campletely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) duting most of working life, even if retired ) INDUSTRY remave carbon 5 TO N 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 36 STREET AND NUMBER admissian) STATE 13b. COUNTY NO X 14. FATHER'S NAME Middle Lost IS, MOTHER'S MAIDEN NAME First Middle THOMAS JOHNSON attending physician ( permit. Then please 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 11601 Yes, no. or unknown) (If yes give war or dates of service) 215-36-18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND OFATI PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the c Conditions, if ony, which gove ) rise to immediate cause (a), DUF TO, OR AS A CONSEQUENCE OF be retained by the haspital or attending physician. stoting the underlying couser PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far == as the should be filed with the State Dept. of Health priar to 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES X NO [ 21a. ACCIDENT WAS UNDERLYING 21 b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING EAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at work , 19 \_\_\_\_, to 22a. I certify that (I) (this hospital) attended the deceased from... . 19. , and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on\_\_\_\_\_\_19\_\_\_\_, ond that couses stated above, (1) (we) (did) (did not) view the body after death. 22c DATE SIGNED 22b, SIGNATURE MED DIRECTOR ATTENDING PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) William Easton MemorialHosp. Easton. 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (Stote) 23a. BURIAL CREMATION. REMOVAL (Specify) ALGOT BURIA 2Sb. REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR Milaneles VR A 8 DATE MAY



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1762 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death. (Type or print) Yeor 50m 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years JF UNDER 1 YEAR Male July 2, 1895 last hirthday) DAYS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED transit permit. Then please remave carban papers crematian, or removal, and in any event, within 72 h Butingdon. Tonn. United States WIDOWED DIVORCED [ campletely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Easten, Maryland give street address) during most of working life, even if retired.) remave carban 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER 43 CONTINO Route# 1, Ridgely, Md admitted to a TATE of YES IN NO [ 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle and Wilson Adoline Samuel please 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Memerial Mespital, Tasten, Maryland Yes, never unknown) 218-20-2722 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH signed by the attending burial-transit permit. Th 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Don IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stoting the underlying couse burial. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been s ise as the b ith priar to b 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? far use Health p YES [ NO T After this certificate h I be detached far use State Dept. of Health 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18,) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County State While Not while at work FUNERAL DIRECTOR: After 22a. I certify that (I) (this hospital) attended the deceased fram , 1968, to 10 2mg, 19 ft, that (1) (we) last 19 and that in (mv) (aur) apinian death accurred up the date and haur and from the saw the deceased alive an 10 700 director, page 3 shauld should be filed with the causes stated above, (I) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING DEGREE PHYS. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Stephen P. Carney. M. Easton, Maryland 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23b. DATE (County) TUREMO WAT (Specify) New Meps Bapt, Church Com Hillsbore, Caroline, Maryland 5-13-1968 25a. REC'D BY REGISTRAR ATTLL, Don ton Ma ADDRESS REGISTRAR'S SIGNATURE VR A15 1358 30M REV. IN

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17622 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR s and 2 requires that the death certificate be executed within 24 haurs after death (Type or print) Month 2mes 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR lost birthday) MONTHS DAYS YRS 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT **COUNTRY?** MARRIED NEVER MARRIED country) .⊑ papers 中 WIDOWED DIVORCED [ campletely filled VD. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY give street oddress) please remave carban burial, cremation, ar remayal, and in any event, 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES [ NO E 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First First MPITIEN 20 attending physicion permit. Then please 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMÁNI Yes, no, or unknown) I (It was give war or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF attending physician. stoting the underlying couse last. 4200 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) has been d far use as the af Health priar to 190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO T YES F O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us should be filed with the State Dept. af Healt Page 4 may be retained by the haspital ar 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while of work 22a. I certify that (1) (this haspitall attended the deceased fram 5 - 3 1968, to 5-4 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the saw the deceased alive ancauses stated abave (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING Robert W. Trever DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, 23b. DATE (County) (Stote) REMOVAL (Specify) Schnio 1 ADDRESS 24. FUNERAZ DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 1968 30M REV. 1/68

MAKYLAND STATE DEPARTMENT OF HEALTH

